

AD \_\_\_\_\_

Award Number: DAMD17-02-1-0457

TITLE: Evaluation of Novel Agent Which Target Neovasculature of Breast Tumors

PRINCIPAL INVESTIGATOR: Michael G. Rosenblum, Ph.D.

CONTRACTING ORGANIZATION: M.D. Anderson Cancer Center  
Houston, TX 77030

REPORT DATE: April 2003

TYPE OF REPORT: Annual

PREPARED FOR: U.S. Army Medical Research and Materiel Command  
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release;  
Distribution Unlimited

The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.

20030923 053

# REPORT DOCUMENTATION PAGE

Form Approved  
OMB No. 074-0188

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503

1. AGENCY USE ONLY  
(Leave blank)

2. REPORT DATE  
Apr 2003

3. REPORT TYPE AND DATES COVERED  
Annual (Apr 1, 2002-Mar 31, 2003)

4. TITLE AND SUBTITLE

Evaluation of Novel Agents Which Target Neovasculature of Breast Tumors

5. FUNDING NUMBERS

DAMD17-02-1-0457

6. AUTHOR(S)

Michael G. Rosenblum, Ph.D.

7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)

M.D. Anderson Cancer Center  
Houston, TX 77030

8. PERFORMING ORGANIZATION  
REPORT NUMBER

E-Mail: Mrosenbl@notes.mdacc.tmc.edu

9. SPONSORING / MONITORING  
AGENCY NAME(S) AND ADDRESS(ES)

10. SPONSORING / MONITORING  
AGENCY REPORT NUMBER

11. SUPPLEMENTARY NOTES

Original contains color plates: All DTIC reproductions will be in black and white.

12a. DISTRIBUTION / AVAILABILITY STATEMENT

Approved for Public Release; Distribution Unlimited

12b. DISTRIBUTION CODE

**13. Abstract (Maximum 200 Words)** (abstract should contain no proprietary or confidential information) VEGF plays an important role in tumor vascular growth allowing tumor development and metastases. The fusion toxin VEGF<sub>121</sub>/rGel can specifically kill vascular endothelial cells expressing the KDR receptor for VEGF (PNAS 99:7866, 2002). Using DNA microarray technology, we have discovered 19 unique genes upregulated (>5 fold) in endothelial cells treated with VEGF<sub>121</sub>/rGel. Administration VEGF<sub>121</sub>/rGel had a dramatic cytotoxic effect on the tumor growth in both orthotopic and metastatic human breast tumor models. Against the orthotopic model, tumor growth was significantly delayed by ~50%. In addition, tumors completely regressed in 3/6 (50%) of treated mice. In the metastatic breast model, treatment with VEGF<sub>121</sub>/rGel reduced both the number and area of lung foci by 58% and 50% respectively. In addition, the number of blood vessels per mm<sup>2</sup> in metastatic foci was 198 ± 37 versus 388 ± 21 for treated and control respectively. Approximately 62% of metastatic colonies from the VEGF/rGel treated group had <10 vessels/colony compared to 23% in the control group. The flk-1 receptor on blood vessel endothelium was intensely expressed on control tumors, but not expressed on treated tumors. Metastatic foci had a 3 fold lower Ki-67 labeling index compared to control tumors. This suggests that VEGF<sub>121</sub>/rGel has impressive antitumor activity in breast cancer.

14. SUBJECT TERMS

No subject terms provided.

15. NUMBER OF PAGES

89

16. PRICE CODE

17. SECURITY CLASSIFICATION  
OF REPORT

Unclassified

18. SECURITY CLASSIFICATION  
OF THIS PAGE

Unclassified

19. SECURITY CLASSIFICATION  
OF ABSTRACT

Unclassified

20. LIMITATION OF ABSTRACT

Unlimited

## Table of Contents

Cover.....	1
SF 298.....	2
Table of Contents.....	3
Introduction.....	4
Body.....	5
Key Research Accomplishments.....	11
Reportable Outcomes.....	11
Conclusions.....	12
References.....	12
Appendices.....	19

## Introduction

Biological studies examining the development of the vascular tree in normal development and in disease states have identified numerous cytokines and their receptors responsible for triggering and maintaining this process (1-7). Tumor neovascularization is central not only to the growth and development of the primary lesion but appears to be a critical factor in the development and maintenance of metastases (8-12). Clinical studies in bladder cancer (9) have demonstrated a correlation between micro-vessel density and metastases. In addition, studies of breast cancer metastases by Fox et al. and Aranda et al. (11-12) have demonstrated that microvessel count in primary tumors appears to be related to the presence of metastases in lymph nodes and micrometastases in bone marrow.

The cytokine vascular endothelial growth factor-A (VEGF-A) and its receptors Flt-1 and KDR have been implicated as one of the central mediators of normal angiogenesis and tumor neovascularization (13-20). Up-regulation or over-expression of the KDR receptors or the VEGF-A ligand itself have been implicated as poor prognostic markers in various clinical studies of colon, breast and pituitary cancers (21-23). Recently, Padro et al. (24) have suggested that both VEGF-A and KDR may play a role in the neovascularization observed in bone marrow during AML tumor progression and may provide evidence that the VEGF/KDR pathway is important in leukemic growth.

For these reasons, there have been several groups interested in developing therapeutic agents and approaches targeting the VEGF-A pathway. Agents which prevent VEGF-A binding to its receptor, antibodies which directly block the KDR receptor itself and small molecules which block the kinase activity of the KDR and thereby block growth factor signaling are all under development (25-37). Recently, our laboratory reported the development of a growth factor



fusion construct of VEGF<sub>121</sub> and the recombinant toxin gelonin (38). Our studies demonstrated that this agent was specifically cytotoxic only to cells expressing the KDR receptor and was not cytotoxic to cells over-expressing the Flt-1 receptor. In addition, this agent was shown to localize within tumor vasculature and caused a significant damage to vascular endothelium in both PC-3 prostate and MDA-MB-231 orthotopic xenograft tumor models.

The current study seeks to extend our original observations describing the in vitro biological effects of this novel fusion construct and we examined the effects of this agent in both orthotopic and metastatic tumor models.

## Progress Report Body:

### Original SOW:

#### 1. Establish In Vivo Activity of the VEGF<sub>121</sub>/rGel Fusion Toxin in the MDA-MB231 Tumor Models

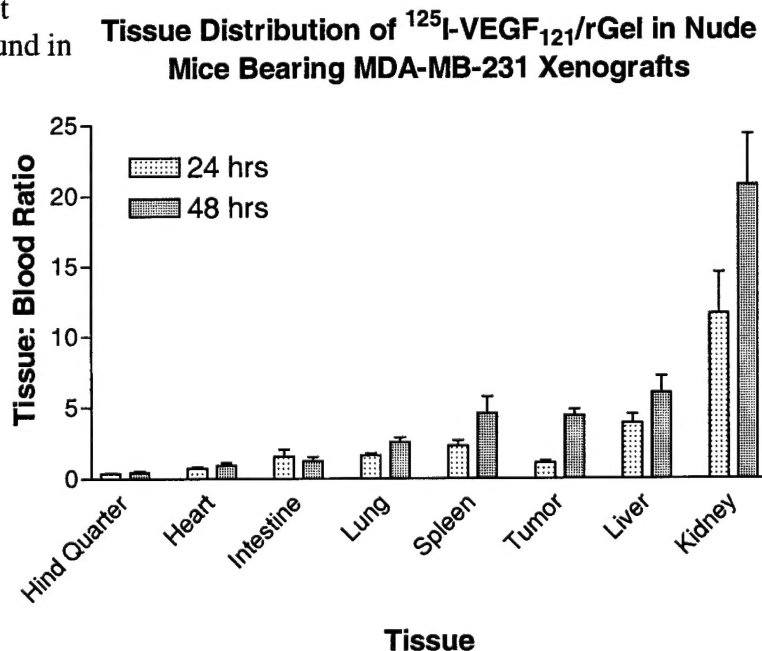
##### Task 1: Radiolabeling

Numerous methods were employed initially to label the target protein. We settled on using Bolton-Hunter reagent which generated the highest yield of material capable of specific binding to purified, immobilized KDR receptor. Highly purified VEGF<sub>121</sub>/rGel was radiolabeled using <sup>125</sup>I with this reagent and the material was adjusted to a specific activity of XXX mg/mCi.

##### Task 2: Tissue Distribution

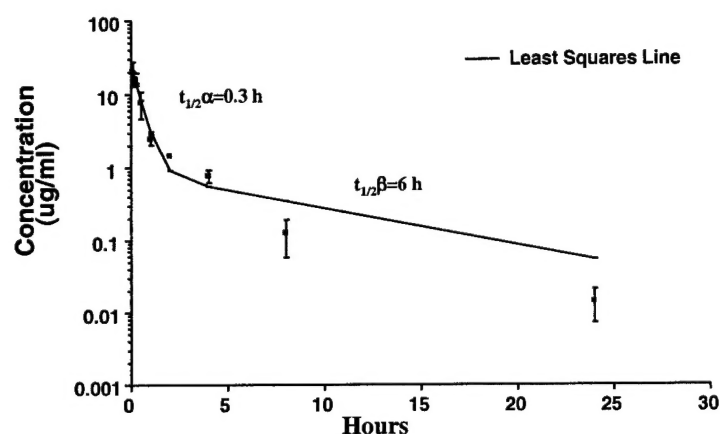
Mice bearing orthotopically-placed MDA-MB231 tumors were administered XXXmCi of VEGF<sub>121</sub>/rGel(via iv tail vein). At 24 and 48 hrs after administration, groups of 6 mice were sacrificed and various organs were excised, weighed and counted to determine <sup>125</sup>I activity.

As shown in this figure, the highest concentration of radiolabel was found in kidney> liver>tumor> spleen. At 48 hrs, the tissue:blood ratio in these organs increased particularly for kidney and tumor. The high levels found in kidney may be related to high levels of the flt-1 receptor found in this organ.



The pharmacokinetics of VEGF<sub>121</sub>/rGel were additionally described using this radiolabeled material. Balb/c mice were injected with 1 uCi of labeled material and at various times after administration, groups of 3 mice were sacrificed and blood samples were removed and centrifuged. Aliquots of plasma were counted to determine radioactivity and the results were analyzed for conventional pharmacokinetic analyses using conventional mathematical modeling (pK Analyst from MicroMath, Inc). As shown in the figure below, the VEGF<sub>121</sub>/rGel cleared from plasma with initial and terminal half-lives of 0.3 and 6h respectively. Therefore this agent has a relatively long half-life despite the significant uptake in kidney.

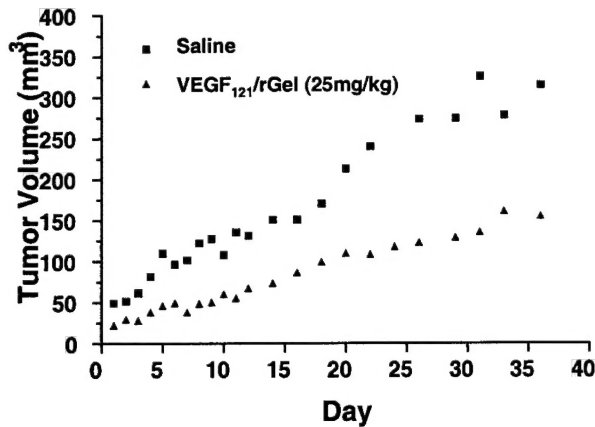
### Clearance of VEGF<sub>121</sub>/rGel From Plasma



### Task 3: Antitumor Effects-Orthotopic Model

. Given the pharmacokinetic and tissue distribution data described above, we designed a treatment schedule comprised of 5 injections spaced 48 hrs apart (10 day course). Using this schedule, we delineated the Maximum Tolerated Dose as this schedule to be ~25 mg/kg. The effect of VEGF<sub>121</sub>/rGel administration on orthotopically-placed MDA MB231 tumor bearing mice (6 per group) is shown in the Figure below. As shown, treatment significantly retarded tumor growth. In addition, 3/6 mice in the treated group demonstrated complete disappearance of the tumor compared to 0/6 in the saline-treated group.

### Effect of VEGF<sub>121</sub>/rGel on Orthotopically Placed MDA-MB-231 Tumor Cells in Nude Mice



### Task 3: Antitumor Effects-Metastatic Model

We evaluated the effect of VEGF<sub>121</sub>/rGel fusion toxin treatment on the growth of metastatic MDA-MB-231 tumor cells in nude mice. Tumor cells ( $0.5 \times 10^6$  per mouse) were injected i.v. and 8 days after inoculation, mice (6 per group) were treated 6 times either with VEGF<sub>121</sub>/rGel (100 ug/dose) or free gelonin. Three weeks after treatment, mice were sacrificed and the lungs were harvested and examined. The surface lung foci in the VEGF<sub>121</sub>/rGel – treated mice were reduced by 58 % as compared to gelonin control animals (means were 22.4 and 53.3 for VEGF<sub>121</sub>/rGel and control, respectively;  $p < 0.05$ ). The mean area of lung colonies from VEGF<sub>121</sub>/rGel-treated mice was also 50% smaller than control mice ( $210 \pm 37 \mu\text{m}$  versus  $415 \pm 10 \mu\text{m}$  for VEGF<sub>121</sub>/rGel and control, respectively;  $p < 0.01$ ). In addition, the vascularity of metastatic foci as assessed by the mean number of blood vessels per  $\text{mm}^2$  in metastatic foci was significantly reduced ( $198 \pm 37$  versus  $388 \pm 21$  for treated and control, respectively). Approximately 62% of metastatic colonies from the VEGF<sub>121</sub>/rGel-treated group had fewer than 10 vessels per colony as compared to 23% in the control group. The VEGF receptor(flk-1) was intensely detected on the metastatic vessels in the control but not on the vessels in the VEGF<sub>121</sub>/rGel-treated group.

Metastatic foci present in lung had a 3-fold lower Ki-67 labeling number compared to control tumors. These data strongly suggest that the anti-tumor vascular-ablative effect of VEGF<sub>121</sub>/rGel could be utilized not only for treating primary tumors but also for inhibiting metastatic spread.

**Please note that a complete manuscript detailing the impressive anti-metastatic effects of VEGF<sub>121</sub>/rGel in this breast tumor model is attached in the Appendix(The Vascular-Ablative Agent, VEGF<sub>121</sub>/rGel, Inhibits Pulmonary Metastases of MDA-MB-231 Breast Tumors, by Ran et.al)**

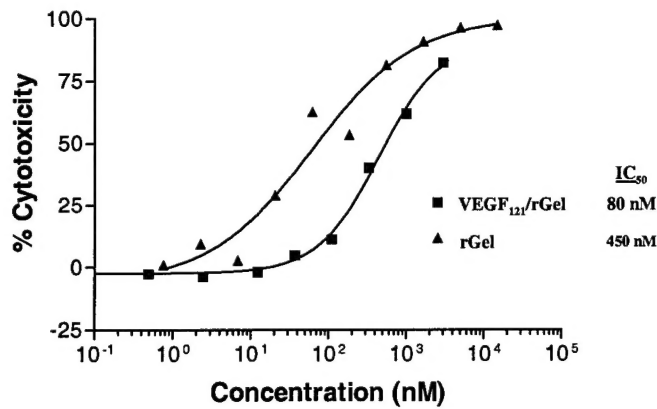
#### **Task 7: Co-Culture of Endothelial Cells and MDA-MB231 Tumor Cells**

We utilized the Falcon multi-well culture plates to culture the MDA-MB231 tumor cells. Suspended above these cells, we placed an insert containing log-phase PAE/flk-1 cells. The 2 cell lines are cultured in the same DMEM/F-12 growth media, so no adaptation was required.

#### **Task 8: Studies of VEGF<sub>121</sub>/rGel Effects on Endothelial and Breast Tumor Cells**

In the co-culture chambers, the 2 cell lines were treated with various doses of the VEGF<sub>121</sub>/rGel fusion construct targeting the flk-1 receptor on endothelial cells. The MDA-MB231 cells lack this receptor and were not affected by the doses utilized. At various times after drug administration, both cell lines will be harvested, the RNA extracted and analyzed using the Gene Chip as described to assess the impact of treatment on over 7,000 genes including proteins involved in signal transduction, stress response, cell cycle control and metastasis. As shown below, we demonstrate the cytotoxic effects of the fusion construct on endothelial cells. Initial studies demonstrated that the initially-proposed PAE/flk-1 endothelial cells would be utilized, however, Gene Chip analysis showed no hybridization to isolated RNA samples. Troubleshooting demonstrated that there is insufficient homology of the porcine cell RNA to that of the human probes on the Gene Chip, therefore, HUVEC cells were substituted for this phase of study. As shown below, HUVEC cells showed specific cytotoxicity of the fusion construct compared to rGel itself although the magnitude of the differential is lower than that of the PAE/flk-1 cells.

### Cytotoxicity of VEGF<sub>121</sub>/rGel on HUVECs



**Genes overexpressed(>5X Control) in HUVECs by 24 hr treatment with VEGF121/rGel:**

**E Selectin (endothelial adhesion molecule 1)**

**Small inducible cytokine A2 (monocyte chemotactic protein 1)**

**Tumor necrosis factor, alpha-induced protein 3**

**Nuclear factor of kappa light polypeptide gene enhancer in B-cells inhibitor, alpha**

**Kinesin-like 5 (mitotic kinesin-like protein 1)**

**Small inducible cytokine A4**

**Jun B proto-oncogene**

**Nidogen 2**

**Prostaglandin-endoperoxide synthase 2**

**Dual specificity phosphatase 5**

**Small inducible cytokine subfamily A (Cys-Cys), member 11 (eotaxin)**

**Plasminogen activator, urokinase**

**Human proteinase activated receptor-2 mRNA, 3'UTR**

**Ephrin-B2**

**Small inducible cytokine A7 (monocyte chemotactic protein 3)**

**Spermidine/spermine N1-acetyltransferase**

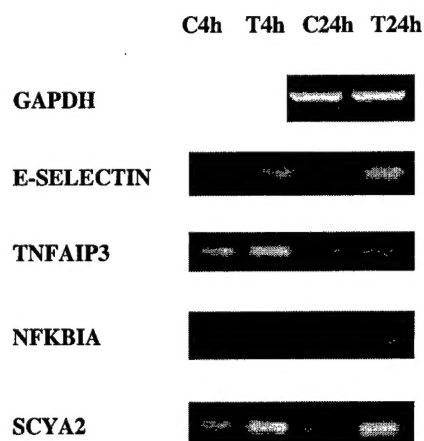
**Syndecan 4 (amphiglycan, ryudocan)**

**Chemokine (C-X-C motif), receptor 4 (fusin)**

**Nuclear factor of kappa light polypeptide gene enhancer in B-cells 1 (p105)**

All of the genes described above are known in the literature, however their association with cytotoxic events related to toxins such as rGel and activity on endothelial cells was previously unsuspected. To confirm these observations, these studies were repeated and RT-PCR was also employed to more closely assess the timelines for gene modulation. As shown below, our RT-PCR essentially confirmed the observations of the first 5 genes.

### **Up-regulation of mRNA in HUVECs treated with VEGF<sub>121</sub>/rGel**



**C: No Treatment Controls**

### **Key Research Accomplishments**

- Described the Pharmacokinetics and Tissue Distribution of VEGF<sub>121</sub>/rGel to allow rational development of an optimal therapeutic schedule on which to base both murine and eventual clinical studies.
- Initially described the significant in vivo antitumor effects of VEGF<sub>121</sub>/rGel against orthotopically-placed breast tumor xenografts. Demonstrated complete regression of primary orthotopic breast tumors in 50% of treated mice(3/6).
- Identified significant vascular-ablative effects of VEGF<sub>121</sub>/rGel on breast metastatic foci present in lung. Identified the impact this agent appears to have in suppressing the development of tumor metastases by destruction of tumor vascular endothelium.
- Identified a unique aspect of therapy using VEGF<sub>121</sub>/rGel in that lung metastases of treated mice have virtually no vasculature and appear to grow to the approximate limit of oxygen diffusion for avascular tissues.
- Identified 20 unique genes associated with the development cytotoxic effects of the rGel toxin component on vascular endothelial cells. Confirmed the Gene Chip results via RT-PCR.
- Provided significant rationale for continued pre-clinical development of VEGF<sub>121</sub>/rGel as a vascular-ablative agent in breast cancer.

### **Reportable Outcomes:**

#### **Abstracts:**

VEGF121 gelonin fusion protein inhibits breast cancer metastasis in nude mice. Sophia Ran, Khalid Mohamedali, Philip E. Thorpe, Michael G. Rosenblum, Abstract #4 Proceedings of the American Association of Cancer Research 2003.

#### **Complete Manuscripts:**

1) Mohamedali, K; Ran, S; Cheung, L; Marks, JW; Waltenberger, J; Thorpe, P and Rosenblum, MG, Mechanistic and Internalization Studies of VEGF<sub>121</sub>/rGel: Cytotoxicity on Endothelial Cells Mediated by VEGFR2 but not by VEGFR1. Molecular Cancer Therapeutics- Submitted for Publication.

2) Ran, S; Mohamedali, K; Thorpe, P; and Rosenblum, MG, The Vascular-Ablative Agent, VEGF<sub>121</sub>/rGel, Inhibits Pulmonary Metastases of MDA-MB-231 Breast Tumors- Journal of the National Cancer Institute- Submitted for Publication.

## Conclusions:

Vascular targeting as an approach to tumor therapy holds significant promise for the treatment of solid tumors. However, many current approaches attempting to inhibit the neovascularization process through small molecule inhibitors of VEGFR signaling, antibodies to VEGF itself or to the VEGFR2 have not met with success. This is due in part to the multiply-redundant and robust process which tumor vascularization represents. On the other hand, lethal damage to tumor endothelium using the VEGF<sub>121</sub>/rGel fusion toxin is a comparatively unique approach. This construct has remarkable and long-term antitumor effects in xenograft models as opposed to other agents which have limited activity in their own right. Dr. Louise Gorchow, Head of CTEP has indicated in a public presentation that the VEGF<sub>121</sub>/rGel fusion toxin is one of a very few agents with these properties. The data presented above and in the attached Appendix demonstrates that this agent can reduce the growth of both orthotopic breast tumors and can significantly limit the metastatic spread of a breast metastatic model. In addition, the lung metastases which do survive appear to have a much lower vascular supply and a limited tumor cell turnover rate suggesting a reduced growth and metastatic potential. No other vascular targeting agents have thus far demonstrated such unique effects in an in vivo model. Of interest will be to examine the impact this fusion toxin will have on survival in this metastatic model. In addition, our findings examining the mechanism of direct action of the fusion construct on endothelial cells has significance in more exactly understanding how toxins work at the molecular level and may be an important first step in understanding how to more effectively employ these agents for therapeutic advantage. Furthermore, the importance of understanding how vascular targeting agents affect tumor cells indirectly may also have therapeutic significance in understanding the rationale for combinations of these vascular targeting agents with conventional chemotherapeutic agents, or with radiotherapeutic or biological agents.

## References

1. Birnbaum, D. VEGF-FLT1 receptor system: a new ligand-receptor system involved in normal and tumor angiogenesis. *Jpn.J.Cancer Res.*, 86: inside, 1995.
2. Kerbel, R. S. Tumor angiogenesis: past, present and the near future. *Carcinogenesis*, 21: 505-515, 2000.
3. Bando, H. and Toi, M. Tumor angiogenesis, macrophages, and cytokines. *Adv.Exp.Med.Biol.*, 476: 267-284, 2000.
4. Falterman, K. W., Ausprunk, H., and Klein, M. D. Role of tumor angiogenesis factor in maintenance of tumor-induced vessels. *Surg.Forum*, 27: 157-159, 1976.



5. Patt, L. M. and Houck, J. C. Role of polypeptide growth factors in normal and abnormal growth. *Kidney Int.*, 23: 603-610, 1983.
6. Ravi, R., Mookerjee, B., Bhujwalla, Z. M., Sutter, C. H., Artemov, D., Zeng, Q., Dillehay, L. E., Madan, A., Semenza, G. L., and Bedi, A. Regulation of tumor angiogenesis by p53-induced degradation of hypoxia-inducible factor 1alpha. *Genes Dev.*, 14: 34-44, 2000.
7. Folkman, J. Proceedings: Tumor angiogenesis factor. *Cancer Res.*, 34: 2109-2113, 1974.
8. Strugar, J., Rothbart, D., Harrington, W., and Criscuolo, G. R. Vascular permeability factor in brain metastases: correlation with vasogenic brain edema and tumor angiogenesis. *J.Neurosurg.*, 81: 560-566, 1994.
9. Jaeger, T. M., Weidner, N., Chew, K., Moore, D. H., Kerschmann, R. L., Waldman, F. M., and Carroll, P. R. Tumor angiogenesis correlates with lymph node metastases in invasive bladder cancer. *J.Urol.*, 154: 69-71, 1995.
10. Melnyk, O., Zimmerman, M., Kim, K. J., and Shuman, M. Neutralizing anti-vascular endothelial growth factor antibody inhibits further growth of established prostate cancer and metastases in a pre-clinical model. *J.Urol.*, 161: 960-963, 1999.
11. Aranda, F. I. and Laforga, J. B. Microvessel quantitation in breast ductal invasive carcinoma. Correlation with proliferative activity, hormonal receptors and lymph node metastases. *Pathol.Res.Pract.*, 192: 124-129, 1996.
12. Fox, S. B., Leek, R. D., Bliss, J., Mansi, J. L., Gusterson, B., Gatter, K. C., and Harris, A. L. Association of tumor angiogenesis with bone marrow micrometastases in breast cancer patients. *J.Natl.Cancer Inst.*, 89: 1044-1049, 1997.

13. Senger, D. R., Van de, W. L., Brown, L. F., Nagy, J. A., Yeo, K. T., Yeo, T. K., Berse, B., Jackman, R. W., Dvorak, A. M., and Dvorak, H. F. Vascular permeability factor (VPF, VEGF) in tumor biology. *Cancer Metastasis Rev.*, 12: 303-324, 1993.
14. McMahon, G. VEGF receptor signaling in tumor angiogenesis. *Oncologist.*, 5 *Suppl 1*: 3-10, 2000.
15. Obermair, A., Kucera, E., Mayerhofer, K., Speiser, P., Seifert, M., Czerwenka, K., Kaider, A., Leodolter, S., Kainz, C., and Zeillinger, R. Vascular endothelial growth factor (VEGF) in human breast cancer: correlation with disease-free survival. *Int.J.Cancer*, 74: 455-458, 1997.
16. Miyoshi, C. and Ohshima, N. Vascular endothelial growth factor (VEGF) expression regulates angiogenesis accompanying tumor growth in a peritoneal disseminated tumor model. *In Vivo*, 15: 233-238, 2001.
17. Neufeld, G., Cohen, T., Gengrinovitch, S., and Poltorak, Z. Vascular endothelial growth factor (VEGF) and its receptors. *FASEB J.*, 13: 9-22, 1999.
18. Shibuya, M. Role of VEGF-flt receptor system in normal and tumor angiogenesis. *Adv.Cancer Res.*, 67: 281-316, 1995.
19. Detmar, M. The role of VEGF and thrombospondins in skin angiogenesis. *J.Dermatol.Sci.*, 24 *Suppl 1*: S78-S84, 2000.
20. Verheul, H. M. and Pinedo, H. M. The Role of Vascular Endothelial Growth Factor (VEGF) in Tumor Angiogenesis and Early Clinical Development of VEGF-Receptor Kinase Inhibitors. *Clin.Breast Cancer*, 1 *Suppl 1*: S80-S84, 2000.

21. McCabe, C. J., Boelaert, K., Tannahill, L. A., Heaney, A. P., Stratford, A. L., Khaira, J. S., Hussain, S., Sheppard, M. C., Franklyn, J. A., and Gittoes, N. J. Vascular endothelial growth factor, its receptor KDR/Flk-1, and pituitary tumor transforming gene in pituitary tumors. *J.Clin.Endocrinol.Metab*, 87: 4238-4244, 2002.
22. Kranz, A., Mattfeldt, T., and Waltenberger, J. Molecular mediators of tumor angiogenesis: enhanced expression and activation of vascular endothelial growth factor receptor KDR in primary breast cancer. *Int.J.Cancer*, 84: 293-298, 1999.
23. Harada, Y., Ogata, Y., and Shirouzu, K. Expression of vascular endothelial growth factor and its receptor KDR (kinase domain-containing receptor)/Flk-1 (fetal liver kinase-1) as prognostic factors in human colorectal cancer. *Int.J.Clin.Oncol.*, 6: 221-228, 2001.
24. Padro, T., Bieker, R., Ruiz, S., Steins, M., Retzlaff, S., Burger, H., Buchner, T., Kessler, T., Herrera, F., Kienast, J., Muller-Tidow, C., Serve, H., Berdel, W. E., and Mesters, R. M. Overexpression of vascular endothelial growth factor (VEGF) and its cellular receptor KDR (VEGFR-2) in the bone marrow of patients with acute myeloid leukemia. *Leukemia*, 16: 1302-1310, 2002.
25. Wedge, S. R., Ogilvie, D. J., Dukes, M., Kendrew, J., Curwen, J. O., Hennequin, L. F., Thomas, A. P., Stokes, E. S., Curry, B., Richmond, G. H., and Wadsworth, P. F. ZD4190: an orally active inhibitor of vascular endothelial growth factor signaling with broad-spectrum antitumor efficacy. *Cancer Res.*, 60: 970-975, 2000.
26. Laird, A. D., Vajkoczy, P., Shawver, L. K., Thurnher, A., Liang, C., Mohammadi, M., Schlessinger, J., Ullrich, A., Hubbard, S. R., Blake, R. A., Fong, T. A., Strawn, L. M., Sun, L., Tang, C., Hawtin, R., Tang, F., Shenoy, N., Hirth, K. P., McMahon, G., and

- Cherrington SU6668 is a potent antiangiogenic and antitumor agent that induces regression of established tumors. *Cancer Res.*, 60: 4152-4160, 2000.
27. Haluska, P. and Adjei, A. A. Receptor tyrosine kinase inhibitors. *Curr.Opin.Investig.Drugs*, 2: 280-286, 2001.
  28. Fabbro, D., Ruetz, S., Bodis, S., Pruschy, M., Csermak, K., Man, A., Campochiaro, P., Wood, J., O'Reilly, T., and Meyer, T. PKC412--a protein kinase inhibitor with a broad therapeutic potential. *Anticancer Drug Des*, 15: 17-28, 2000.
  29. Fabbro, D., Buchdunger, E., Wood, J., Mestan, J., Hofmann, F., Ferrari, S., Mett, H., O'Reilly, T., and Meyer, T. Inhibitors of protein kinases: CGP 41251, a protein kinase inhibitor with potential as an anticancer agent. *Pharmacol.Ther.*, 82: 293-301, 1999.
  30. Sun, L. and McMahon, G. Inhibition of tumor angiogenesis by synthetic receptor tyrosine kinase inhibitors. *Drug Discov.Today*, 5: 344-353, 2000.
  31. Solorzano, C. C., Baker, C. H., Bruns, C. J., Killion, J. J., Ellis, L. M., Wood, J., and Fidler, I. J. Inhibition of growth and metastasis of human pancreatic cancer growing in nude mice by PTK 787/ZK222584, an inhibitor of the vascular endothelial growth factor receptor tyrosine kinases. *Cancer Biother.Radiopharm.*, 16: 359-370, 2001.
  32. Dreys, J., Hofmann, I., Hugenschmidt, H., Wittig, C., Madjar, H., Muller, M., Wood, J., Martiny-Baron, G., Unger, C., and Marme, D. Effects of PTK787/ZK 222584, a specific inhibitor of vascular endothelial growth factor receptor tyrosine kinases, on primary tumor, metastasis, vessel density, and blood flow in a murine renal cell carcinoma model. *Cancer Res.*, 60: 4819-4824, 2000.

33. Dimitroff, C. J., Klohs, W., Sharma, A., Pera, P., Driscoll, D., Veith, J., Steinkampf, R., Schroeder, M., Klutchko, S., Sumlin, A., Henderson, B., Dougherty, T. J., and Bernacki, R. J. Anti-angiogenic activity of selected receptor tyrosine kinase inhibitors, PD166285 and PD173074: implications for combination treatment with photodynamic therapy. *Invest New Drugs*, 17: 121-135, 1999.
34. Mendel, D. B., Schreck, R. E., West, D. C., Li, G., Strawn, L. M., Tanciongco, S. S., Vasile, S., Shawver, L. K., and Cherrington, J. M. The angiogenesis inhibitor SU5416 has long-lasting effects on vascular endothelial growth factor receptor phosphorylation and function. *Clin.Cancer Res.*, 6: 4848-4858, 2000.
35. Prewett, M., Huber, J., Li, Y., Santiago, A., O'Connor, W., King, K., Overholser, J., Hooper, A., Pytowski, B., Witte, L., Bohlen, P., and Hicklin, D. J. Antivascular endothelial growth factor receptor (fetal liver kinase 1) monoclonal antibody inhibits tumor angiogenesis and growth of several mouse and human tumors. *Cancer Res.*, 59: 5209-5218, 1999.
36. Chen, Y., Wiesmann, C., Fuh, G., Li, B., Christinger, H. W., McKay, P., de Vos, A. M., and Lowman, H. B. Selection and analysis of an optimized anti-VEGF antibody: crystal structure of an affinity-matured Fab in complex with antigen. *J.Mol.Biol.*, 293: 865-881, 1999.
37. Ryan, A. M., Eppler, D. B., Hagler, K. E., Bruner, R. H., Thomford, P. J., Hall, R. L., Shopp, G. M., and O'Neill, C. A. Preclinical safety evaluation of rhuMAbVEGF, an antiangiogenic humanized monoclonal antibody. *Toxicol.Pathol.*, 27: 78-86, 1999.
38. Veenendaal, L. M., Jin, H., Ran, S., Cheung, L., Navone, N., Marks, J. W., Waltenberger, J., Thorpe, P., and Rosenblum, M. G. In vitro and in vivo studies of a VEGF121/rGelonin

chimeric fusion toxin targeting the neovasculature of solid tumors.

Proc.Natl.Acad.Sci.U.S.A, 99: 7866-7871, 2002.

**Appendix:**

**1 Abstract**

**2 Manuscripts**

Abstract Number: 4

## **VEGF121 gelonin fusion protein inhibits breast cancer metastasis in nude mice.**

**Sophia Ran, Khalid Mohamedali, Philip E. Thorpe, Michael G. Rosenblum, University of Texas at Dallas, Dallas, TX; M.D. Anderson Cancer Center, Houston, TX.**

VEGF<sub>121</sub>/rGel fusion protein is a vascular targeting agent composed of a non-heparin binding isoform of VEGF and the highly active plant toxin gelonin. Both receptors for VEGF-A (R1 and R2) are strongly up regulated on tumor neovasculature compared to normal endothelium. We have previously shown that VEGF<sub>121</sub>/rGel was selectively cytotoxic to sub-confluent endothelial cells, displaying an IC<sub>50</sub> of 0.5 nM compared to 150 nM for free gelonin under the same conditions. Treatment of mice bearing various types of solid tumors with VEGF<sub>121</sub>/rGel (17 mg/kg) inhibited the growth of primary tumors by 65-75% (Veenendaal et al., *PNAS* 99:7866-71, 2002). The goal of this study was to evaluate the effect of VEGF<sub>121</sub>/rGel on metastatic growth of MDA-MB-231 tumor cells in nude mice. The MDA-MB-231 cells ( $0.5 \times 10^6$  per mouse) were injected i.v. and the treatment began 8 days after injection. Mice (6 per group) were treated 6 times either with VEGF<sub>121</sub>/rGel (100 ug/dose) or with an equivalent amount of free gelonin. Three weeks after termination of the treatment, mice were sacrificed and their metastatic lungs as well as all other organs were harvested for examination. The number of surface lung foci in the VEGF<sub>121</sub>/rGel – treated mice was reduced by 58 % as compared to gelonin control animals (mean numbers 22.4 and 53.3 for VEGF<sub>121</sub>/rGel and control, respectively;  $p < 0.05$ ). Immunohistochemical analysis revealed that the mean area of lung colonies from VEGF<sub>121</sub>/rGel-treated mice was 50% smaller than that of the control mice ( $210 \pm 37$  m m versus  $415 \pm 10$  m m for VEGF<sub>121</sub>/rGel and control, respectively;  $p < 0.01$ ). In addition, the vascularity of metastatic foci from VEGF<sub>121</sub>/rGel-treated mice was reduced compared to that of control colonies. The mean number of blood vessels per mm<sup>2</sup> in metastatic foci was  $198 \pm 37$  versus  $388 \pm 21$  for treated and control, respectively. Approximately 62 % of metastatic colonies from the VEGF<sub>121</sub>/rGel-treated group had fewer than 10 vessels per colony as compared to 23 % in the control group. The VEGF receptor 2, a major receptor that mediates angiogenic effects of VEGF-A, was intensely detected on the metastatic vessels in the control but not on the vessels in the VEGF<sub>121</sub>/rGel-treated group. The treatment was well tolerated. No significant morphological changes were visible in either VEGF<sub>121</sub>/rGel-treated or gelonin control mice. These data strongly suggest that anti-tumor vascular effect of VEGF<sub>121</sub>/rGel could be utilized not only for treating primary tumors but also for inhibiting metastatic spread. This research was funded in part by the Clayton Foundation for Research and DOD Breast Cancer Program.

Presenter: Sophia Ran

Affiliation: University of Texas at Dallas, Dallas, TX . Email: [sran@mednet.swmed.edu](mailto:sran@mednet.swmed.edu)

Copyright © 2003 American Association for Cancer Research. All rights reserved. Published in the Proceedings of the AACR, Volume 44, March 2003.



**Mechanistic and Internalization Studies of VEGF<sub>121</sub>/rGel : Cytotoxicity on  
Endothelial Cells Mediated by VEGFR2 but not by VEGFR1**

Khalid A. Mohamedali<sup>1</sup>, Sophia Ran<sup>2+</sup>, Lawrence Cheung<sup>1</sup>, John W. Marks<sup>1</sup>, Johannes Waltenberger<sup>3</sup>, Philip Thorpe<sup>2</sup>, and Michael G. Rosenblum<sup>1\*</sup>

\* Author to whom correspondence and requests for reprints should be addressed

<sup>1</sup>Immunopharmacology and Targeted Therapy Section, Box 044  
Department of Bioimmunotherapy,  
M.D.Anderson Cancer Center  
1515 Holcombe Blvd.  
Houston, TX 77030

<sup>2</sup>Comprehensive Cancer Center, University of Texas Southwestern Medical Center, Dallas, Texas 75390-8594, and the Department of Pharmacology, University of Texas Southwestern Medical Center, Dallas, Texas 75390-9041

<sup>3</sup> Department Internal Medicine II, Ulm University Medical Center, Robert-Koch-Strasse 8, 89081 Ulm, Germany

<sup>+</sup>Present Address: Southern Illinois University, School of Medicine, Department of Microbiology and Immunology, Springfield, IL 62702-9678

Research conducted, in part, by the Clayton Foundation for Research.

Research supported by DAMD 17-02-1-0457.

## Abstract

We have previously reported the targeting of the neovasculature of solid tumors with VEGF<sub>121</sub>/rGel, a chimeric fusion toxin of VEGF<sub>121</sub> and recombinant gelonin, a low molecular weight single chain toxin with a mechanism of action similar to that of ricin A-chain. While several studies have shown both receptors of VEGF<sub>121</sub>, namely VEGFR1(FLT-1) and VEGFR2 (KDR/Flk-1), to be over-expressed on the endothelium of tumor vasculature, our *in vitro* studies have shown VEGF<sub>121</sub>/rGel to be cytotoxic to cells over-expressing KDR (IC<sub>50</sub> = 0.5 nM) but not Flt-1 (IC<sub>50</sub> = 300 nM), compared to gelonin alone (IC<sub>50</sub> = 300 nM). Cell ELISA using antibodies specific to either KDR or FLT-1 indicate binding of VEGF<sub>121</sub>/rGel to the both cell lines. Incubation of PAE/KDR and PAE/FLT-1 with <sup>125</sup>I-VEGF<sub>121</sub>/rGel demonstrated binding of the fusion toxin to both cell surfaces that was competed with cold VEGF<sub>121</sub>/rGel but not cold gelonin. Both PAE/KDR and PAE/FLT-1 cells were incubated with VEGF<sub>121</sub>/rGel for 1 hr, 4hr, 16 hr and 24 hrs and subjected to immunofluorescence using an anti-rGel antibody. Internalization of VEGF<sub>121</sub>/rGel into PAE/KDR cells within one hour of treatment was observed. However, no VEGF<sub>121</sub>/rGel was detected in PAE/FLT-1 cells up to 24 hours after treatment. Cells treated with rGel only did not immunofluoresce. The cytotoxic mechanism activated as a result of VEGF<sub>121</sub>/rGel internalization is not clear; TUNEL assay over 72 hours did not result in cell death nor was PARP cleavage activated over 48 hours. We conclude that while VEGF<sub>121</sub>/rGel binds to both FLT-1 and KDR, internalization of VEGF<sub>121</sub>/rGel is mediated only by KDR and not FLT-1. VEGF<sub>121</sub>/rGel is also an important molecule useful to probe the biology of KDR and FLT-1 receptors.

## Introduction

Angiogenesis is a hallmark of cancer. Vascular endothelial growth factor-A (VEGF-A) plays a key role as the primary stimulant of vascularization in solid tumors<sup>1-3</sup>. VEGF-A enhances endothelial cell proliferation, migration, and survival<sup>3-6</sup> and is essential for blood vessel formation<sup>7</sup>. Other roles of VEGF include wound healing<sup>8</sup>, vascular permeability and the regulation of blood flow<sup>9-11</sup>. The VEGF-A family of isomers range from 121 to 206 amino acids in length with varying receptor and heparin binding affinities<sup>25</sup> as a result of alternate splicing<sup>12,13</sup>.

VEGF is released by a variety of tumor cells and studies have demonstrated that the VEGF receptor KDR/Flk-1, over-expressed on the endothelium of tumor vasculature, is primarily responsible for mediating the tumor neovascularization properties of VEGF. KDR/Flk-1 is almost undetectable in the vascular endothelium of adjacent normal tissues. VEGF<sub>121</sub> exists in solution as a disulfide linked homodimer and binds to KDR and FLT-1 in a heparin-independent manner. It does not bind neuropilin-1 or neuropilin-2. VEGF<sub>121</sub> has been shown to contain the full biological activity of the larger variants.

We have previously defined a novel fusion construct of VEGF<sub>121</sub> and the highly cytotoxic plant toxin Gelonin (rGel). Gelonin is a 28.5 kDa single-chain toxin with a mechanism of action similar to that of ricin A-chain. The VEGF<sub>121</sub>/rGel fusion toxin was shown to be highly cytotoxic to endothelial cells that over-express the KDR/Flk-1 receptor, but not to cells that over-express the FLT-1 receptor even though VEGF<sub>121</sub> binds to FLT-1 with greater affinity than to KDR<sup>25</sup>. In this report, we extend our initial findings and further characterize the biological effects of this fusion toxin on endothelial cells. We determined the binding profile of VEGF<sub>121</sub>/rGel to receptors expressed on the cell surface

as well as investigated the internalization of VEGF<sub>121</sub>/rGel.

## **Materials and Methods**

**Materials:** Bacterial strains, pET bacterial expression plasmids and recombinant enterokinase were obtained from Novagen (Madison, WI). All other chemicals were from Sigma Chemical Company (St. Louis, MO) or Fisher Scientific (Pittsburgh, PA). TALON metal affinity resin was obtained from Clontech laboratories (Palo Alto, CA). Other chromatography resin and materials were from Pharmacia Biotech (Piscataway, NJ). Endothelial cell growth supplement (ECGS) from bovine neural tissue was obtained from Sigma Chemical Company. Murine brain endothelioma (bEnd.3) cells were provided by Professor Werner Risau (Max Plank Institute, Munich, Germany). Tissue culture reagents were from Gibco BRL (Gaithersburg, MD) or Mediatech Cellgro (Herndon, VA). Rabbit anti-gelonin antisera was obtained from the Veterinary Medicine Core Facility at MDACC. Anti-flt-1 (sc-316), anti-flk-1 (sc-504), and anti-PARP (sc-8007) antibodies were purchased from Santa Cruz Biotechnology, Inc. (Santa Cruz, CA).

**Cell culture:** Porcine aortic endothelial cells transfected with the KDR receptor (PAE/KDR) or the FLT-1 receptor (PAE/FLT-1) were a generous gift from Dr. J. Waltenberger. Cells were maintained as a monolayer in F12 Nutrient Media (HAM) supplemented with 100 units/ml penicillin, 100 units/ml streptomycin, and 10% fetal bovine serum and passaged twice weekly. Cells were harvested by treatment with Versene (0.02% EDTA).

**Purification of VEGF<sub>121</sub>/rGel:** Construction and purification of VEGF<sub>121</sub>/rGel was essentially as described, with minor modifications<sup>26</sup>. E. coli cells were lysed with 100 ml 0.1mm glass beads (BioSpec Products, Inc) in a Bead Beater (BioSped Products, Inc) for

eight cycles of 3 minutes each. The lysate was ultracentrifuged at 40,000 rpm for 90 minutes at 4°C. The supernatant was carefully collected and adjusted to 40 mM Tris-HCl (pH 8.0), 300 mM NaCl, and incubated at 4°C with metal affinity resin. The resin was washed with 40 mM Tris-HCl (pH8.0), 0.5 M NaCl buffer containing 5 mM Imidazole and eluted with buffer containing 100 mM Imidazole. After pooling fractions containing VEGF<sub>121</sub>/rGel, the sample was dialyzed against 20 mM Tris (pH 8.0), 200 mM NaCl and digested with recombinant Enterokinase at room temperature. Enterokinase was removed by agarose-linked soybean trypsin inhibitor. Other proteins of non-interest were removed by Q Sepharose Fast Flow resin and metal affinity resin as described previously<sup>26</sup>. VEGF<sub>121</sub>/rGel was concentrated and stored in sterile PBS at -20°C.

**Rabbit Reticulocyte Lysate Assay:** The functional activity of rGel and VEGF<sub>121</sub>/rGel were assayed using a cell-free protein translation inhibition assay kit from Amersham Biotech (Arlington Heights, IL) as described by the manufacturer.

**ELISA Analysis:** The ability of the chimeric fusion protein to bind to Flk-1 was tested on microtiter plates coated with soluble mouse Flk-1. All steps of the ELISA procedure were performed at room temperature unless stated otherwise. Plates were treated with 2 µg/ml of NeutrAvidin (Pierce, Rockford, IL) for 6 h. The extracellular domain of Flk-1 was expressed in Sf9 cells, purified to homogeneity<sup>28</sup>, and biotinylated. Biotinylated receptor (1 µg/ml) was incubated with NeutrAvidin-coated wells for 2 h. VEGF<sub>121</sub> or VEGF<sub>121</sub>/rGel was added to the wells at concentrations ranging from 0.002 to 2 nM in the presence of 2% BSA diluted in PBS or normal mouse serum. After 2 h of incubation, plates were washed

and incubated with non-blocking mouse monoclonal anti-VEGF antibody, 2C3<sup>29</sup> or rabbit polyclonal anti-gelonin IgG. For competition studies of VEGF<sub>121</sub>/rGel and VEGF<sub>121</sub>, binding of the VEGF<sub>121</sub>/rGel fusion protein was detected using a rabbit anti-gelonin antibody. In competition experiments, a 10-fold molar excess of VEGF<sub>121</sub> was premixed with VEGF<sub>121</sub>/rGel before it was added to the plate. Mouse and rabbit IgG were detected by HRP-labeled goat anti-mouse and anti-rabbit antibodies, respectively (Daco, Carpinteria, CA). Peroxidase activity was measured by adding O-phenylenediamine (0.5 mg/ml) and hydrogen peroxide (0.03% v/v) in citrate-phosphate buffer (pH 5.5). The reaction was stopped by addition of 100 µl of 0.18 M of H<sub>2</sub>SO<sub>4</sub>. The absorbance was read at 490 nM. Presence of KDR and FLT-1 on cells was tested as follows: 50,000 cells (PAE/KDR or PAE/FLT-1) were aliquoted per well and dried overnight at 37°C. Non-specific binding sites were blocked for 1 hour with 5% BSA. Wells were treated with anti-KDR or anti-FLT-1 antibodies, followed by incubation with HRP-conjugated secondary antibody (1:5000) for 1 hour.

**Western Blot Analysis:** Whole cell lysates of PAE/KDR and PAE/FLT-1 cells were obtained by lysing cells in Cell Lysis buffer (50 mM Tris, pH 8.0, 0.1 mM EDTA, 1 mM DTT, 12.5 mM MgCl<sub>2</sub>, 0.1 M KCl, 20% glycerol) supplemented with protease inhibitors (leupeptin (0.5%), aprotinin (0.5%) and PMSF (0.1%)). Protein samples were separated by SDS-PAGE under reducing conditions and electrophoretically transferred to a PVDF memberane overnight at 4°C in transfer buffer (25 mM Tris-HCl, pH 7.6, 190 mM glycine, 20% HPLC-grade methanol). The samples were analyzed for KDR with rabbit anti-flk-1 polyclonal antibody and FLT-1 using an anti-flt-1 polyclonal antibody. The membranes

were then incubated with goat-anti-rabbit IgG horseradish peroxidase (HRP), developed using the Amersham ECL detection system and exposed to X-ray film.

**Immunoprecipitation:** Cells were lysed as described (see western protocol). 500 µg MDA-MB-231 and L3.6pl cell lysates were mixed with 2 µg anti-flk-1 antibody in a final volume of 250 µl and incubated for two hours at 4°C. 100 µg PAE/KDR and PAE/FLT-1 cell lysates were immunoprecipitated as controls. The mixtures were then incubated overnight with 20 µl Protein A beads that had been blocked with 5% BSA. The beads were washed 4 times in lysis buffer and the samples, along with 30 µg PAE/KDR cell lysate, were run on a gel, transferred overnight onto a PVDF membrane and probed using an anti-flk-1 polyclonal antibody.

**Binding of Radiolabeled VEGF<sub>121</sub>/rGel to PAE/KDR and PAE/FLT-1 cells:** 100 µg of VEGF<sub>121</sub>/rGel was radiolabeled with 1mCi of NaI<sup>125</sup> using Chloramine T<sup>27</sup> for a specific activity of 602 Ci/mMol. Cells were grown overnight in 24-well plates. Non-specific binding sites were blocked for 30 minutes with PBS/0.2% gelatin followed by incubation for 4 hours with <sup>125</sup>I-VEGF<sub>121</sub>/rGel in PBS/0.2% gelatin solution. For competition experiments, cold VEGF<sub>121</sub>/rGel or gelonin were pre-mixed with <sup>125</sup>I-VEGF<sub>121</sub>/rGel. Cells were washed four times with PBS/0.2% gelatin solution, detached and bound cpm was measured.

**Cytotoxicity of VEGF<sub>121</sub>/rGel and rGel:** Cytotoxicity of VEGF<sub>121</sub>/rGel and rGel against log phase PAE/KDR cells was performed as described<sup>26</sup>. Cells were grown in 96 well flat-



bottom tissue culture plates. Purified VEGF<sub>121</sub>/rGel and rGel were diluted in culture media and added to the wells in 5-fold serial dilutions. Cells were incubated for 72 hours. The remaining adherent cells were stained with crystal violet (0.5% in 20% methanol) and solubilized with Sorenson's buffer (0.1 M sodium citrate, pH 4.2 in 50% ethanol). Absorbance was measured at 630 nm. To assess if the activity of VEGF<sub>121</sub>/rGel was affected by the exposure time to endothelial cells, log-phase PAE/KDR cells were grown and treated with VEGF<sub>121</sub>/rGel as above. Media containing the cytotoxic agent was removed at varying time-points and the cells were washed once with 200 µl culture media. Fresh culture media was added to the wells and the cells were then returned to the incubator. Seventy-two hours after the start of the experiment, the number of remaining adherent cells was assessed using crystal violet and Sorensen's buffer as described above.

**Internalization of VEGF<sub>121</sub>/rGel into PAE/KDR cells:** PAE/KDR and PAE/FLT-1 cells were incubated with 4 µg/ml VEGF<sub>121</sub>/rGel at the timepoints indicated. After stripping the cell surface, cells were fixed with 3.7% formaldehyde and permeabilized with 0.2% Triton X-100. Non-specific binding sites were blocked with 5% BSA in PBS. Cells were then incubated with a rabbit anti-gelonin polyclonal antibody (1:200) followed by a TRITC-conjugated anti-rabbit secondary antibody (1:80). Nuclei were stained with propidium iodide (1 µg/ml) in PBS. The slides were fixed with DABCO media, mounted and visualized under fluorescence (Nikon Eclipse TS1000) and confocal (Zeiss LSM 510) microscopes.

**TUNEL assay:** Log phase PAE/KDR and PAE/FLT-1 cells were diluted to 2000 cells/100  $\mu$ l. Aliquots (100  $\mu$ l) were added in 16-well chamber slides (Nalge Nunc International) and incubated overnight at 37°C with 5% CO<sub>2</sub>. Purified VEGF<sub>121</sub>/rGel was diluted in culture media and added at 72, 48 and 24 hour time points at a final concentration of 1 nM (twice the IC<sub>50</sub>). The cells were then processed and analyzed for TUNEL as described by the manufacturer of the reagent. Positive control cells were incubated with 1mg/ml DNase for 10 minutes at 37°C.

**PARP Cleavage:** Effects of VEGF<sub>121</sub>/rGel on PARP-mediated apoptosis were investigated by pre-incubating PAE/KDR cells with 100 mM Na<sub>2</sub>VO<sub>4</sub> for 5 minutes at 37°C followed by stimulation with VEGF<sub>121</sub>/rGel or VEGF<sub>121</sub> for 5 minutes, 30 minutes, 4 h, 24 h and 48 h. Cells were washed and lysed and the cell lysate was analyzed by Western using an anti-PARP antibody.

## Results

We have previously demonstrated the successful use of VEGF<sub>121</sub>/rGel fusion construct for the targeted destruction of tumor vasculature in vivo. The combination of VEGF<sub>121</sub> and recombinant gelonin was originally prepared in two different orientations (Figure 1) with both orientations displaying similar cytotoxicity profiles. However, the orientation with VEGF<sub>121</sub> at the N-terminus results in a higher yield following purification from bacteria (data not shown), and is used in subsequent experiments.

**Biological Activity of the rGel Component:** The ability of VEGF<sub>121</sub>/rGel and rGel to inhibit translation in a cell-free system was determined by using a rabbit reticulocyte translation assay (Figure 2). The purified VEGF<sub>121</sub>/rGel and rGel had IC<sub>50</sub> values of 47 and 234 pM, respectively, showing that fusion of rGel and VEGF<sub>121</sub> did not reduce the activity of the toxin component.

**Binding of VEGF<sub>121</sub>/rGel to Soluble Flk-1 Receptor:** The fusion protein was tested for its ability to bind to the Flk-1 receptor by ELISA. The extra-cellular domain of recombinant Flk-1 was purified, biotinylated and incubated with wells coated with NeutrAvidin. The receptor was treated with VEGF<sub>121</sub> or VEGF<sub>121</sub>/rGel, and binding of the ligand to the receptor was assessed by anti-VEGF and anti-gelonin antibodies. Figure 3 shows that VEGF<sub>121</sub>/rGel and native human VEGF<sub>121</sub> bind equally well to Flk-1 at all concentrations, indicating that the VEGF component of the fusion protein is fully capable of binding to Flk-1. To confirm that the binding of VEGF<sub>121</sub>/rGel to Flk-1 was specific,

free VEGF<sub>121</sub> (10-fold molar excess) was used to compete with VEGF<sub>121</sub>/rGel for binding to the receptor, followed by detection of VEGF<sub>121</sub>/rGel binding by an anti-gelonin antibody. Binding of VEGF<sub>121</sub>/rGel to the Flk-1 extra-cellular domain was dramatically reduced in the presence of VEGF<sub>121</sub> (Figure 4) indicating that the VEGF<sub>121</sub> domain of the fusion toxin retained activity and that binding to the receptor was specific.

**VEGF<sub>121</sub>/rGel binds to both KDR and FLT-1:** VEGF<sub>121</sub> has been shown to bind to the FLT-1 receptor with greater affinity than to KDR<sup>25</sup>. Because cytotoxicity of VEGF<sub>121</sub>/rGel to KDR-expressing cells was found to be nearly 600-fold greater than for FLT-1 expressing cells, we investigated the relative binding of VEGF<sub>121</sub>/rGel to PAE cells expressing each of the receptors. ELISA analysis was performed to confirm the expression of both receptors on the cell surface using receptor-specific antibodies (data not shown). Expression of VEGFR-1 (FLT-1) and VEGFR-2 (KDR) was confirmed by western blot (Figure 5a). In order to confirm that VEGF<sub>121</sub>/rGel bound to human VEGFR-1 and VEGFR-2 and that the presence of recombinant gelonin did not interfere with the binding properties of VEGF<sub>121</sub>, we investigated the binding of radiolabeled VEGF<sub>121</sub>/rGel to both KDR and FLT-1 receptors expressed on the surface of PAE cells. Our results (Figure 5b) show that the binding of <sup>125</sup>I-VEGF<sub>121</sub>/rGel to both cells was nearly identical. In order to confirm that the binding on the cell surface was receptor-specific, competition studies of <sup>125</sup>I-VEGF<sub>121</sub>/rGel with unlabeled VEGF<sub>121</sub>/rGel and rGel were performed. Binding of VEGF<sub>121</sub>/rGel to both PAE/KDR and PAE/FLT-1 cells was competed by unlabeled VEGF<sub>121</sub>/rGel but not by unlabeled gelonin indicating that binding of VEGF<sub>121</sub>/rGel was mediated by VEGF<sub>121</sub> and, therefore, receptor-specific.

**Internalization of VEGF<sub>121</sub>/rGel into PAE/KDR and PAE/FLT-1 cells.** We

investigated the internalization of VEGF<sub>121</sub>/rGel into PAE/KDR and PAE/FLT-1 cells using immunofluorescence staining. Cells were attached, treated with VEGF<sub>121</sub>/rGel or rGelonin at various time points, and then treated with polyclonal rabbit anti-gelonin primary antibody and FITC-conjugated secondary antibody. VEGF<sub>121</sub>/rGel was detected in PAE/KDR cells within 1 hour of treatment with the immunofluorescence signal progressively increasing to 24 hours (Figure 6). As expected, cell density also decreased over the 24 hour time period. No VEGF<sub>121</sub>/rGel was detected in PAE/FLT-1 cells up to 24 hours after treatment with the fusion toxin. Treatment of cells with the same concentration of rGelonin showed no internalization, confirming that entry of VEGF<sub>121</sub>/rGel into PAE cells was specifically via the KDR receptor.

**Exposure duration of VEGF<sub>121</sub>/rGel on endothelial cells:** The IC<sub>50</sub> of VEGF<sub>121</sub>/rGel incubated for 72 hours on log-phase PAE/KDR cells has been shown to be about 1 nM<sup>26</sup>. However, VEGF<sub>121</sub>/rGel internalizes into these cells within one hour of incubation. To study the cytotoxic effect of VEGF<sub>121</sub>/rGel as a function of exposure time of this agent on endothelial cells, we incubated cells with VEGF<sub>121</sub>/rGel from 1-72 hours and assessed its cytotoxicity on PAE/KDR cells at the end of the 72-hour period. While VEGF<sub>121</sub>/rGel retained cytotoxicity even after a one hour incubation, appreciable cytotoxicity was observed after 24 hours and maximal cytotoxic effect of VEGF<sub>121</sub>/rGel on PAE/KDR cells

was observed after 48 hours (Figure 7). The cytotoxic effect of VEGF<sub>121</sub>/rGel on PAE/FLT-1 cells was also affected as a function of exposure duration (data not shown).

**TUNEL assay and PARP Cleavage.** In order to investigate the mechanism of cytotoxicity of VEGF<sub>121</sub>/rGel to PAE/KDR cells, we performed a TUNEL assay for 24, 48 and 72 hours. No TUNEL staining was observed with PAE/KDR cells exposed to VEGF<sub>121</sub>/rGel up to 72 hours (Figure 8). In contrast nuclei of positive control cells showed intense staining, indicating that the mechanism of cytotoxicity of VEGF<sub>121</sub>/rGel is not apoptotic. PARP cleavage was tested on PAE/KDR cells by treating cells with VEGF<sub>121</sub>/rGel or VEGF<sub>121</sub> for periods ranging from 5 minutes to 48 hours. Western blot analysis of these cells by an anti-PARP antibody shows that VEGF<sub>121</sub>/rGel did not activate PARP-mediated apoptosis (Figure 9).

## Discussion

Agents targeting the neovascularization process in tumors have significant potential for therapeutic impact. Molecules which interfere with the growth and development of vascular endothelial cells by targeting the VEGF/receptor complex have an additional advantage since these agents do not have to penetrate into the tumor parenchyma and the receptor targets are expressed on the luminal surface of tumor vascular endothelium.

Although this study demonstrates that the VEGF/rGel fusion can bind to both the KDR and FLT-1 receptors, we found that only cells which express KDR were able to internalize the construct thereby delivering the toxin component to the cytoplasmic compartment. Zheng et al.<sup>3</sup> suggest that it is the interaction of VEGF with the KDR receptor but not the FLT-1 receptor which is responsible for the growth proliferative signal on endothelial cells and other studies suggest that the KDR receptor is primarily responsible for mediating the vascular permeability effects of VEGF-A<sup>14</sup>. Studies suggest that the FLT-1 receptor can modulate signaling of the KDR receptor<sup>3</sup> and may impact monocyte response to VEGF<sup>15</sup>, but its role in neovascularization has not been well-defined.

The possible binding of VEGF-containing constructs to the neuropilin receptor could be a source of unwanted toxicity and mis-targeting of the complex, however, studies by Gluzman et al.<sup>16</sup> have demonstrated that the VEGF<sub>121</sub> fragment as opposed to other forms of VEGF-A does not appear to bind to this receptor.

Another important aspect of this study was the observation that the cytotoxic effects of the construct on vascular endothelial cells did not involve an apoptotic mechanism. This is in sharp contrast to studies of other toxins such as ricin A chain (RTA)

and pseudomonas exotoxin (PE) which demonstrate generation of apoptotic effects which appear to be mediated, at least in part, by caspase activation<sup>17-19</sup>. Recently, Keppler-Hafkemeyer, et al<sup>20</sup> have suggested that PE toxins may generate cytotoxic effects through both caspase-dependant and protein synthesis inhibitory mechanisms. Despite the sequence homology of RTA and rGel<sup>21</sup> and the known similarities in their mechanism of action<sup>22,23</sup>, it appears that these two toxins differ in their pro-apoptotic effects. One possible explanation for the observed differences in apoptotic effects between RTA and rGel toxin could be in the cell types examined. The cells targeted in the current study of rGel are non-transformed endothelial cells while those in the RTA study were tumor cells.

The exposure duration studies for the VEGF<sub>121</sub>/rGel fusion toxin demonstrate that as little as 1 hr exposure to target cells is required to develop a cytotoxic effect 72 hrs later. However, continual exposure for up to 48 hrs was shown to improve the cytotoxic effect by almost 10 fold. Should pharmacokinetic studies demonstrate a relatively short plasma half-life for this agent, this may suggest that optimal therapeutic effect could be achieved by maintaining blood concentrations of drug at therapeutic concentrations for at least 48 hrs. This could be achieved by frequent interval dosing or continuous infusion but may be important in the development of pre-clinical and clinical dosing strategies.



## **Figure Legends**

**Figure 1: Design and construction of VEGF<sub>121</sub>/rGel.** Constructs of the targeting molecule (VEGF<sub>121</sub>) to the cytotoxic agent (gelonin) were expressed in two orientations, with either VEGF<sub>121</sub> or gelonin at the N-terminus. A G4S tether was used to fuse VEGF<sub>121</sub> and gelonin and reduce steric hindrance.

**Figure 2: Rabbit reticulocyte assay to determine the ability of VEGF<sub>121</sub>/rGel and rGel to inhibit translation in a cell-free system.** The fusion of VEGF<sub>121</sub> and recombinant gelonin does not reduce the activity of the toxin component.

**Figure 3: ELISA demonstrating that VEGF<sub>121</sub>/rGel binds to the receptor.** VEGF<sub>121</sub>/rGel, VEGF<sub>121</sub> and rGel were incubated with biotinylated mouse flk-1 receptor attached to NeutrAvidin-coated plates. Binding was assessed using anti-gelonin and anti-VEGF antibodies.

**Figure 4: Binding to the anchored flk-1 receptor is specific for VEGF<sub>121</sub>/rGel.** VEGF<sub>121</sub>/rGel or VEGF<sub>121</sub> was incubated with flk-1 receptor as described in Materials and Methods. Binding of VEGF<sub>121</sub>/rGel was competed with VEGF<sub>121</sub> and a rabbit anti-gelonin antibody was used for detection. VEGF<sub>121</sub> specifically reduced binding of VEGF<sub>121</sub>/rGel to flk-1. VEGF<sub>121</sub> was not detected by the anti-gelonin antibody (data not shown).

**Figure 5: Expression of KDR and FLT-1.** (A) Whole cell lysate (30  $\mu$ g) of PAE/KDR and PAE/FLT-1 was run on an SDS-PAGE gel, transferred to a PVDF membrane and immunoblotted using the appropriate antibody. Expression of both receptors on their respective cell-lines was confirmed. (B) Receptor-specific binding of radio-labeled VEGF<sub>121</sub>/rGel is demonstrated on cells expressing these receptors. Binding was reduced with unlabeled VEGF<sub>121</sub>/rGel but not by unlabeled gelonin.

**Figure 6: Internalization of VEGF<sub>121</sub>/rGel into PAE/KDR and PAE/FLT-1 cells.**

PAE/KDR cells were incubated with 4  $\mu$ g/ml VEGF<sub>121</sub>/rGel at the timepoints indicated. Cells were then incubated with an anti-gelonin polyclonal antibody (1:200) followed by a FITC-conjugated secondary antibody (1:80). Nuclei were stained with propidium iodide. VEGF<sub>121</sub>/rGel enters PAE/KDR cells within one hour of treatment. However, PAE/FLT-1 cells did not internalize VEGF<sub>121</sub>/rGel even after 24 hours of incubation with VEGF<sub>121</sub>/rGel.

**Figure 7: Effect of exposure time of VEGF<sub>121</sub>/rGel on PAE/KDR cells on cytotoxicity.**

VEGF<sub>121</sub>/rGel was incubated with PAE/KDR cells for varying lengths of time, as described in Materials and Methods. While VEGF<sub>121</sub>/rGel retained cytotoxicity towards PAE/KDR cells even with a 1 h exposure time, cytotoxicity of this fusion toxin was markedly enhanced by an exposure time of 48 hours.

**Figure 8: Cytotoxicity of VEGF<sub>121</sub>/rGel to PAE/KDR cells does not result in**

**apoptosis.** PAE/KDR cells were grown overnight. 1 nM VEGF<sub>121</sub>/rGel (twice the IC<sub>50</sub>)

was added and incubated for 24, 48 and 72 hours. The cells were analyzed for TUNEL.

Positive control cells were incubated with 1 mg/ml DNase for 10 minutes at 37°C.

**Figure 9: Treatment of PAE/KDR cells with VEGF<sub>121</sub>/rGel does not result in PARP cleavage.** PAE/KDR cells were stimulated with VEGF<sub>121</sub>/rGel or VEGF<sub>121</sub> for the times indicated. Cells were washed and lysed and the cell lysate was analyzed by Western using an anti-PARP antibody. No PARP cleavage was observed.

### Reference List

1. Dvorak, H. F. VPF/VEGF and the angiogenic response. *Semin.Perinatol.*, 24: 75-78, 2000.
2. Senger, D. R., Van de, W. L., Brown, L. F., Nagy, J. A., Yeo, K. T., Yeo, T. K., Berse, B., Jackman, R. W., Dvorak, A. M., and Dvorak, H. F. Vascular permeability factor (VPF, VEGF) in tumor biology. *Cancer Metastasis Rev.*, 12: 303-324, 1993.
3. Zeng, H., Dvorak, H. F., and Mukhopadhyay, D. Vascular permeability factor (VPF)/vascular endothelial growth factor (VEGF) peceptor-1 down-modulates VPF/VEGF receptor-2-mediated endothelial cell proliferation, but not migration, through phosphatidylinositol 3-kinase-dependent pathways. *J.Biol.Chem.*, 276: 26969-26979, 2001.
4. Bernatchez, P. N., Rollin, S., Soker, S., and Sirois, M. G. Relative effects of VEGF-A and VEGF-C on endothelial cell proliferation, migration and PAF synthesis: Role of neuropilin-1. *J.Cell Biochem.*, 85: 629-639, 2002.
5. Orre, M. and Rogers, P. A. VEGF, VEGFR-1, VEGFR-2, microvessel density and endothelial cell proliferation in tumours of the ovary. *Int.J.Cancer*, 84: 101-108, 1999.
6. Taraseviciene-Stewart, L., Kasahara, Y., Alger, L., Hirth, P., Mc, M. G., Waltenberger, J., Voelkel, N. F., and Tuder, R. M. Inhibition of the VEGF receptor 2 combined with chronic hypoxia causes cell death-dependent pulmonary endothelial cell proliferation and severe pulmonary hypertension. *FASEB J.*, 15: 427-438, 2001.

7. Tomanek, R. J., Holifield, J. S., Reiter, R. S., Sandra, A., and Lin, J. J. Role of VEGF family members and receptors in coronary vessel formation. *Dev.Dyn.*, 225: 233-240, 2002.
8. van Setten, G. B. Vascular endothelial growth factor (VEGF) in normal human corneal epithelium: detection and physiological importance. *Acta Ophthalmol.Scand.*, 75: 649-652, 1997.
9. Hariawala, M. D., Horowitz, J. R., Esakof, D., Sheriff, D. D., Walter, D. H., Keyt, B., Isner, J. M., and Symes, J. F. VEGF improves myocardial blood flow but produces EDRF-mediated hypotension in porcine hearts. *J.Surg.Res.*, 63: 77-82, 1996.
10. Zhang, Z. G., Zhang, L., Jiang, Q., Zhang, R., Davies, K., Powers, C., Bruggen, N., and Chopp, M. VEGF enhances angiogenesis and promotes blood-brain barrier leakage in the ischemic brain. *J.Clin.Invest*, 106: 829-838, 2000.
11. Yang, H. T., Yan, Z., Abraham, J. A., and Terjung, R. L. VEGF(121)- and bFGF-induced increase in collateral blood flow requires normal nitric oxide production. *Am.J.Physiol Heart Circ.Physiol*, 280: H1097-H1104, 2001.
12. Guo, P., Xu, L., Pan, S., Brekken, R. A., Yang, S. T., Whitaker, G. B., Nagane, M., Thorpe, P. E., Rosenbaum, J. S., Su Huang, H. J., Cavenee, W. K., and Cheng, S. Y. Vascular endothelial growth factor isoforms display distinct activities in promoting tumor angiogenesis at different anatomic sites. *Cancer Res.*, 61: 8569-8577, 2001.
13. Whitaker, G. B., Limberg, B. J., and Rosenbaum, J. S. Vascular endothelial growth factor receptor-2 and neuropilin-1 form a receptor complex that is responsible for the

differential signaling potency of VEGF(165) and VEGF(121). *J.Biol.Chem.*, 276: 25520-25531, 2001.

14. Gille, H., Kowalski, J., Li, B., LeCouter, J., Moffat, B., Zioncheck, T. F., Pelletier, N., and Ferrara, N. Analysis of biological effects and signaling properties of Flt-1 (VEGFR-1) and KDR (VEGFR-2). A reassessment using novel receptor-specific vascular endothelial growth factor mutants. *J.Biol.Chem.*, 276: 3222-3230, 2001.
15. Barleon, B., Sozzani, S., Zhou, D., Weich, H. A., Mantovani, A., and Marme, D. Migration of human monocytes in response to vascular endothelial growth factor (VEGF) is mediated via the VEGF receptor flt-1. *Blood*, 87: 3336-3343, 1996.
16. Gluzman-Poltorak, Z., Cohen, T., Herzog, Y., and Neufeld, G. Neuropilin-2 is a receptor for the vascular endothelial growth factor (VEGF) forms VEGF-145 and VEGF-165 [corrected]. *J.Biol.Chem.*, 275: 18040-18045, 2000.
17. Baluna, R., Coleman, E., Jones, C., Ghetie, V., and Vitetta, E. S. The effect of a monoclonal antibody coupled to ricin A chain-derived peptides on endothelial cells in vitro: insights into toxin-mediated vascular damage. *Exp.Cell Res.*, 258: 417-424, 2000.
18. Bolognesi, A., Tazzari, P. L., Olivieri, F., Polito, L., Falini, B., and Stirpe, F. Induction of apoptosis by ribosome-inactivating proteins and related immunotoxins. *Int.J.Cancer*, 68: 349-355, 1996.
19. Brinkmann, U., Brinkmann, E., Gallo, M., and Pastan, I. Cloning and characterization of a cellular apoptosis susceptibility gene, the human homologue to

the yeast chromosome segregation gene CSE1. *Proc.Natl.Acad.Sci.U.S.A*, 92: 10427-10431, 1995.

20. Keppler-Hafkemeyer, A., Kreitman, R. J., and Pastan, I. Apoptosis induced by immunotoxins used in the treatment of hematologic malignancies. *Int.J.Cancer*, 87: 86-94, 2000.
21. Rosenblum, M. G., Kohr, W. A., Beattie, K. L., Beattie, W. G., Marks, W., Toman, P. D., and Cheung, L. Amino acid sequence analysis, gene construction, cloning, and expression of gelonin, a toxin derived from *Gelonium multiflorum*. *J.Interferon Cytokine Res.*, 15: 547-555, 1995.
22. Thorpe, P. E., Brown, A. N., Ross, W. C., Cumber, A. J., Detre, S. I., Edwards, D. C., Davies, A. J., and Stirpe, F. Cytotoxicity acquired by conjugation of an anti-Thy1.1 monoclonal antibody and the ribosome-inactivating protein, gelonin. *Eur.J.Biochem.*, 116: 447-454, 1981.
23. Stirpe, F., Olsnes, S., and Pihl, A. Gelonin, a new inhibitor of protein synthesis, nontoxic to intact cells. Isolation, characterization, and preparation of cytotoxic complexes with concanavalin A. *J.Biol.Chem.*, 255: 6947-6953, 1980.
24. Neufeld G, Cohen T, Gengrinovitch S, Poltorak Z. Vascular endothelial growth factor (VEGF) and its receptors. *FASEB J*. 1999 Jan;13(1):9-22.
25. Keyt BA, Nguyen HV, Berleau LT, Duarte CM, Park J, Chen H, Ferrara N. Identification of vascular endothelial growth factor determinants for binding KDR

and FLT-1 receptors. Generation of receptor-selective VEGF variants by site-directed mutagenesis. *J Biol Chem.* 1996 Mar 8;271(10):5638-46.

26. Veenendaal, L. M., Jin, H., Ran, S., Cheung, L., Navone, N., Marks, J. W., Waltenberger, J., Thorpe, P., and Rosenblum, M. G. In vitro and in vivo studies of a VEGF121/rGelonin chimeric fusion toxin targeting the neovasculature of solid tumors. *Proc.Natl.Acad.Sci.U.S.A.*, 99: 7866-7871, 2002.
27. Kanellopoulos J, Rossi G, Metzger H. Preparative isolation of the cell receptor for immunoglobulin E. *J Biol Chem.* 1979 Aug 25;254(16):7691-7.
28. Warren RS, Yuan H, Matli MR, Gillett NA, Ferrara N. Regulation by vascular endothelial growth factor of human colon cancer tumorigenesis in a mouse model of experimental liver metastasis. *J Clin Invest.* 1995 Apr;95(4):1789-97.
29. Brekken RA, Huang X, King SW, Thorpe PE. Vascular endothelial growth factor as a marker of tumor endothelium. *Cancer Res.* 1998 May 1;58(9):1952-9.



## Orientation “A”



## Orientation “B”



Figure 1

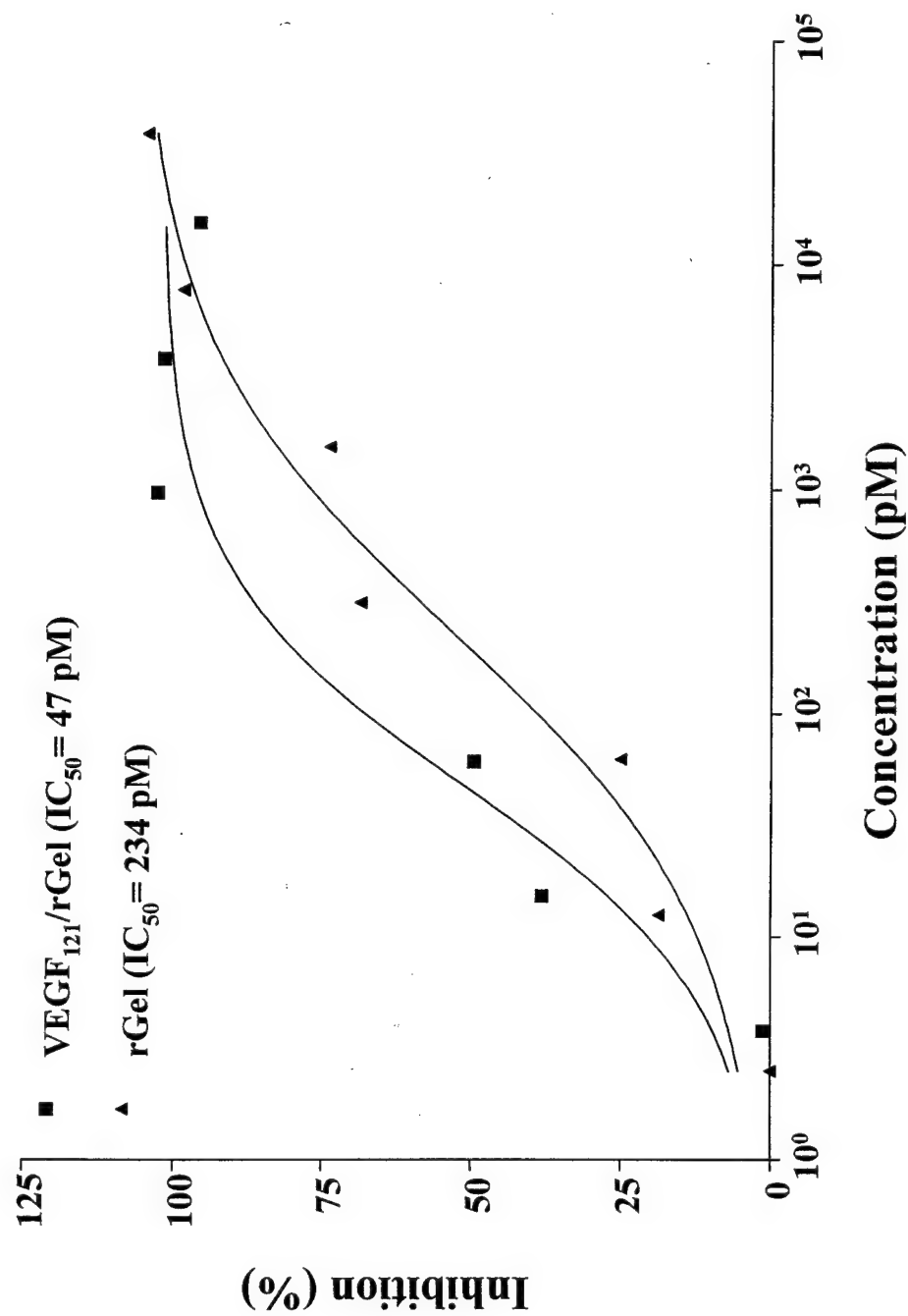


Figure 2

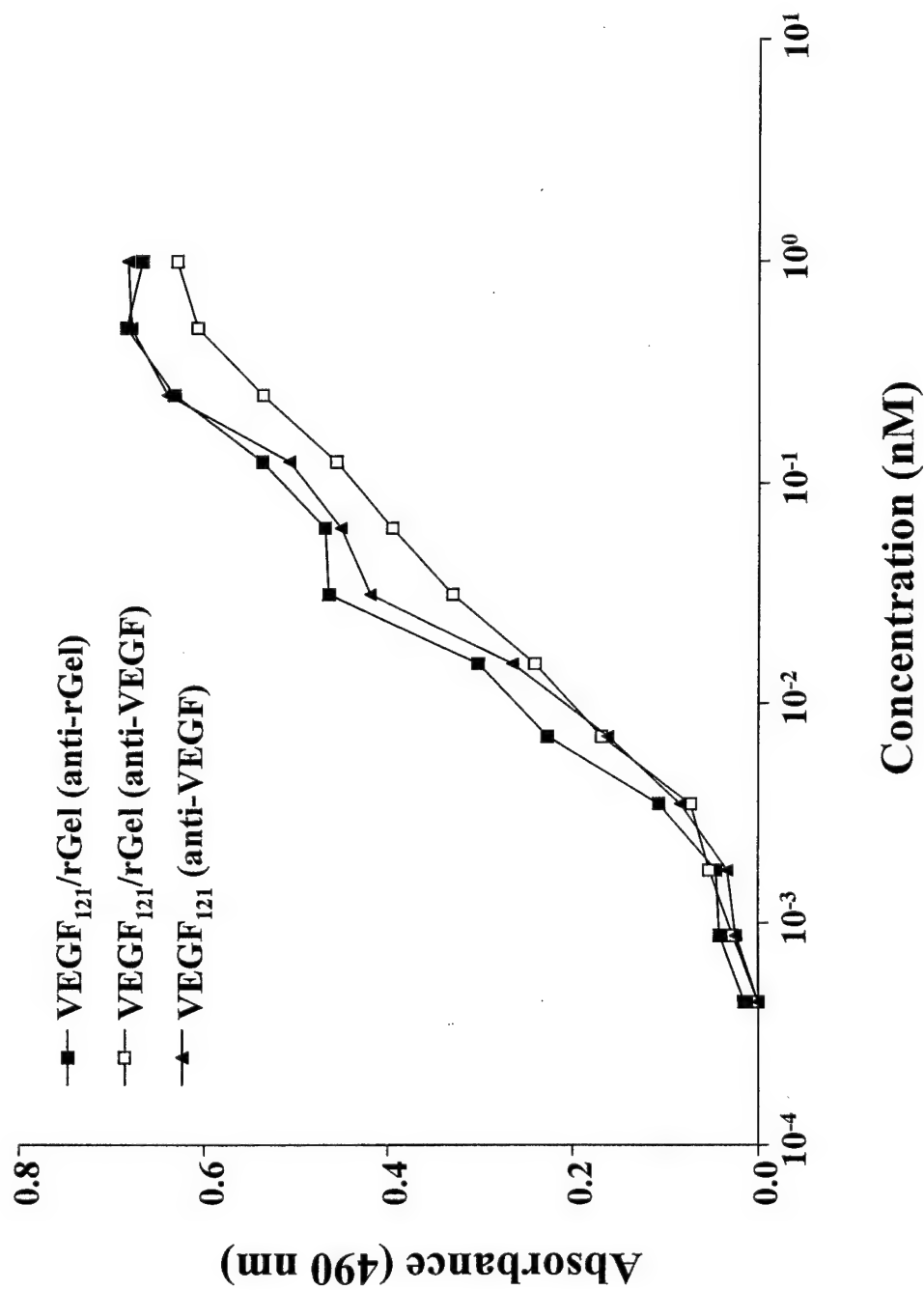


Figure 3

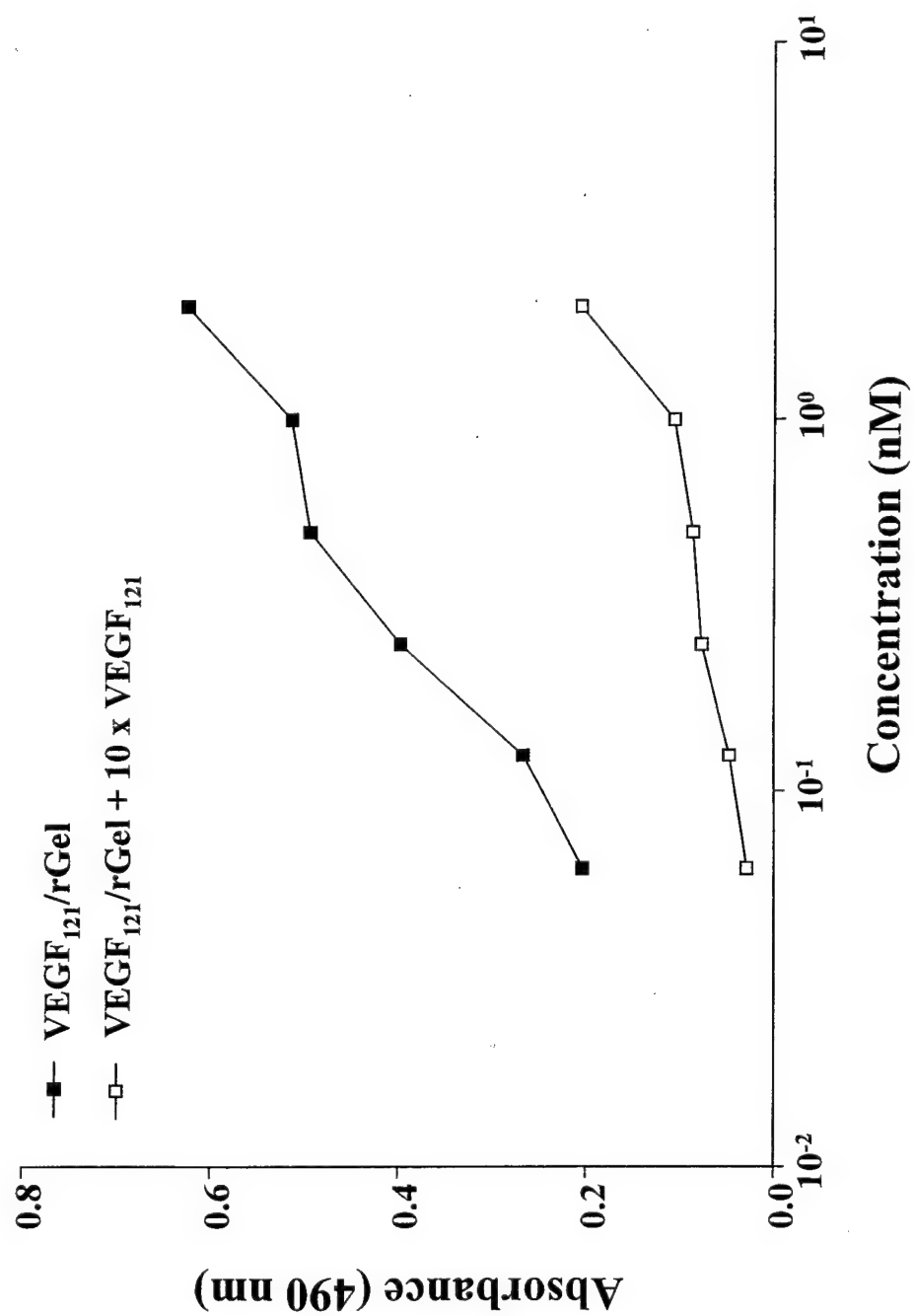
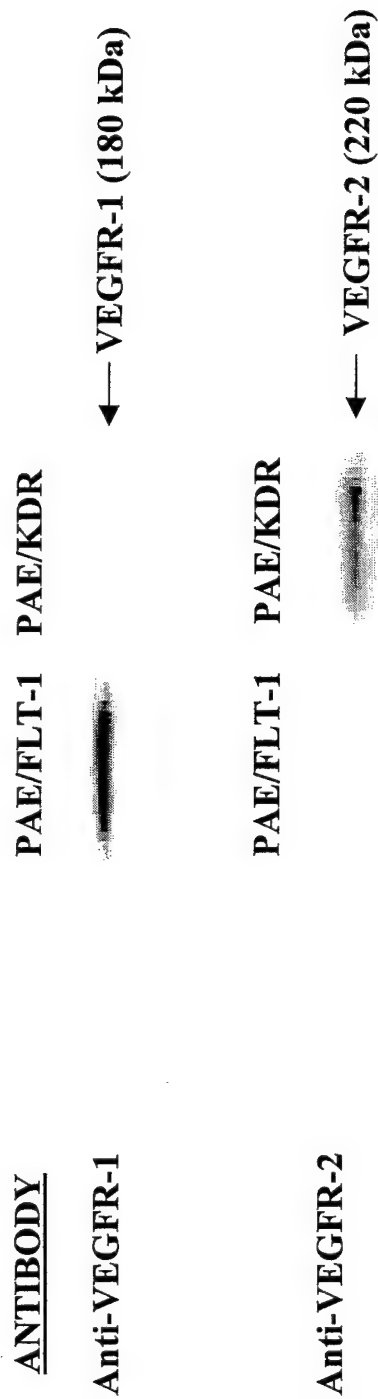


Figure 4

# Western Analysis of VEGF Receptors



Binding of  $^{125}\text{I}$ -VEGF $_{121}$ /rGel to PAE/KDR and PAE/FLT-1 cells

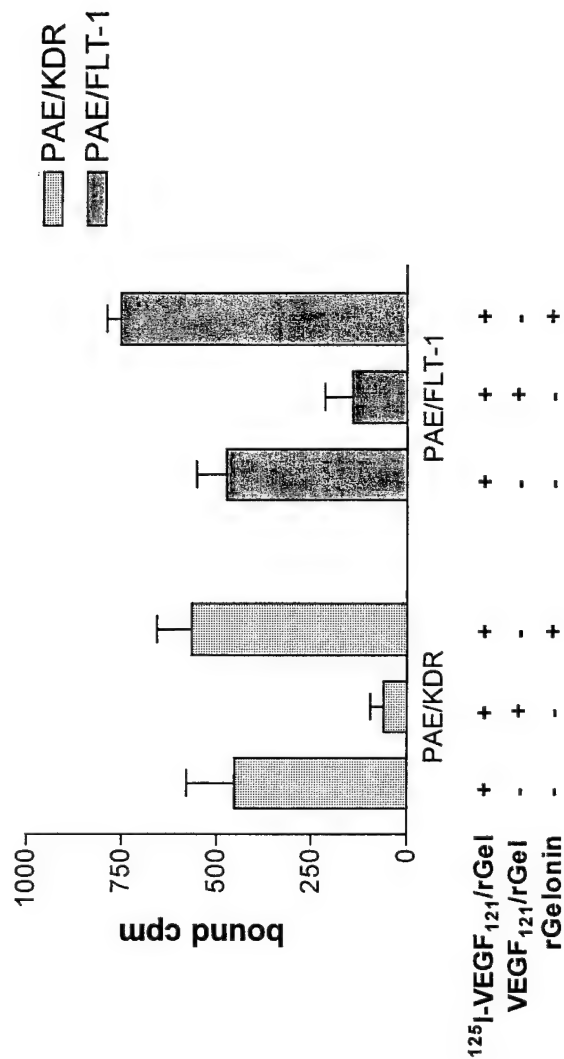


Figure 5

# Internalization of VEGF<sub>121</sub>/rGel into PAE/KDR and PAE/FLT-1 cells

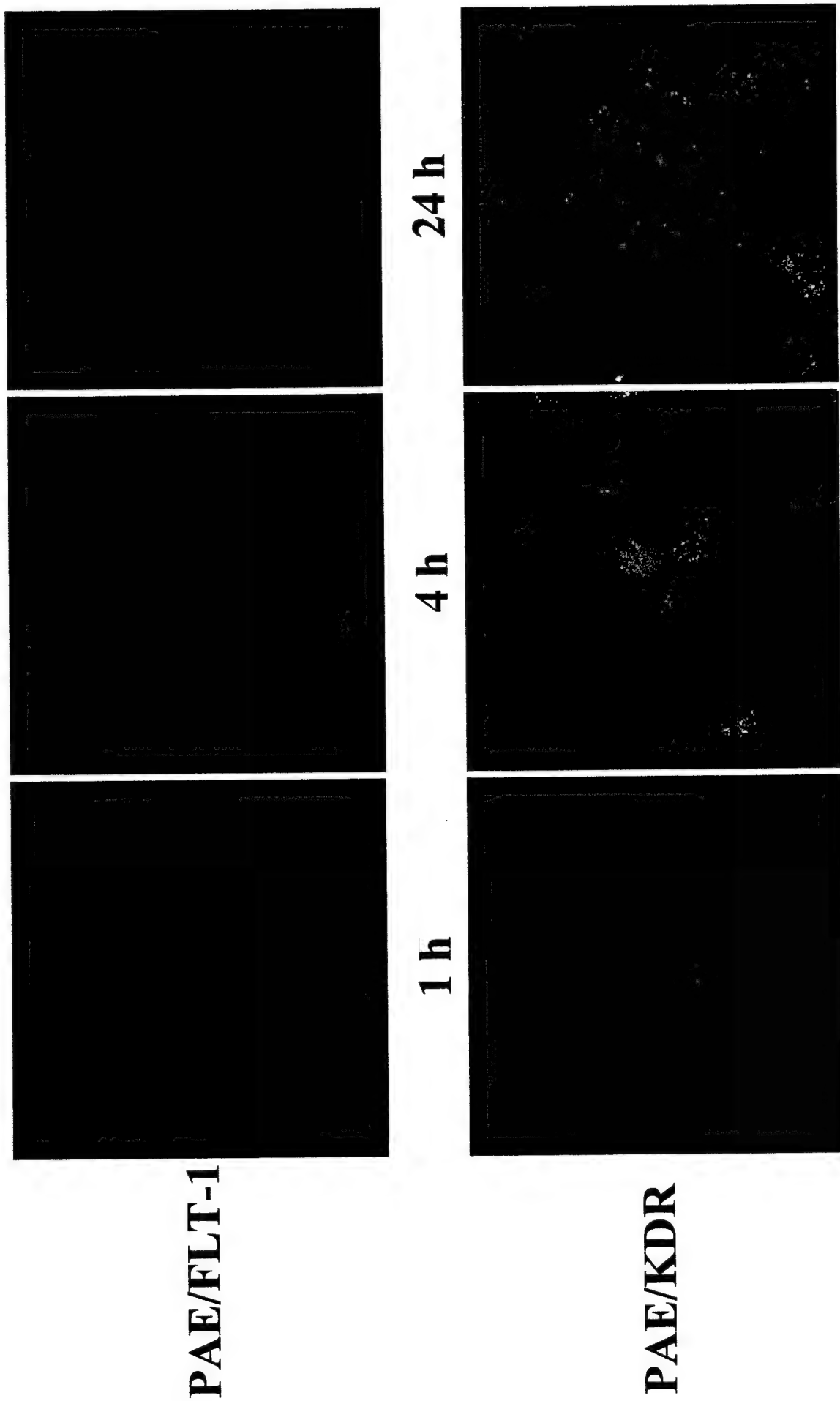


Figure 6

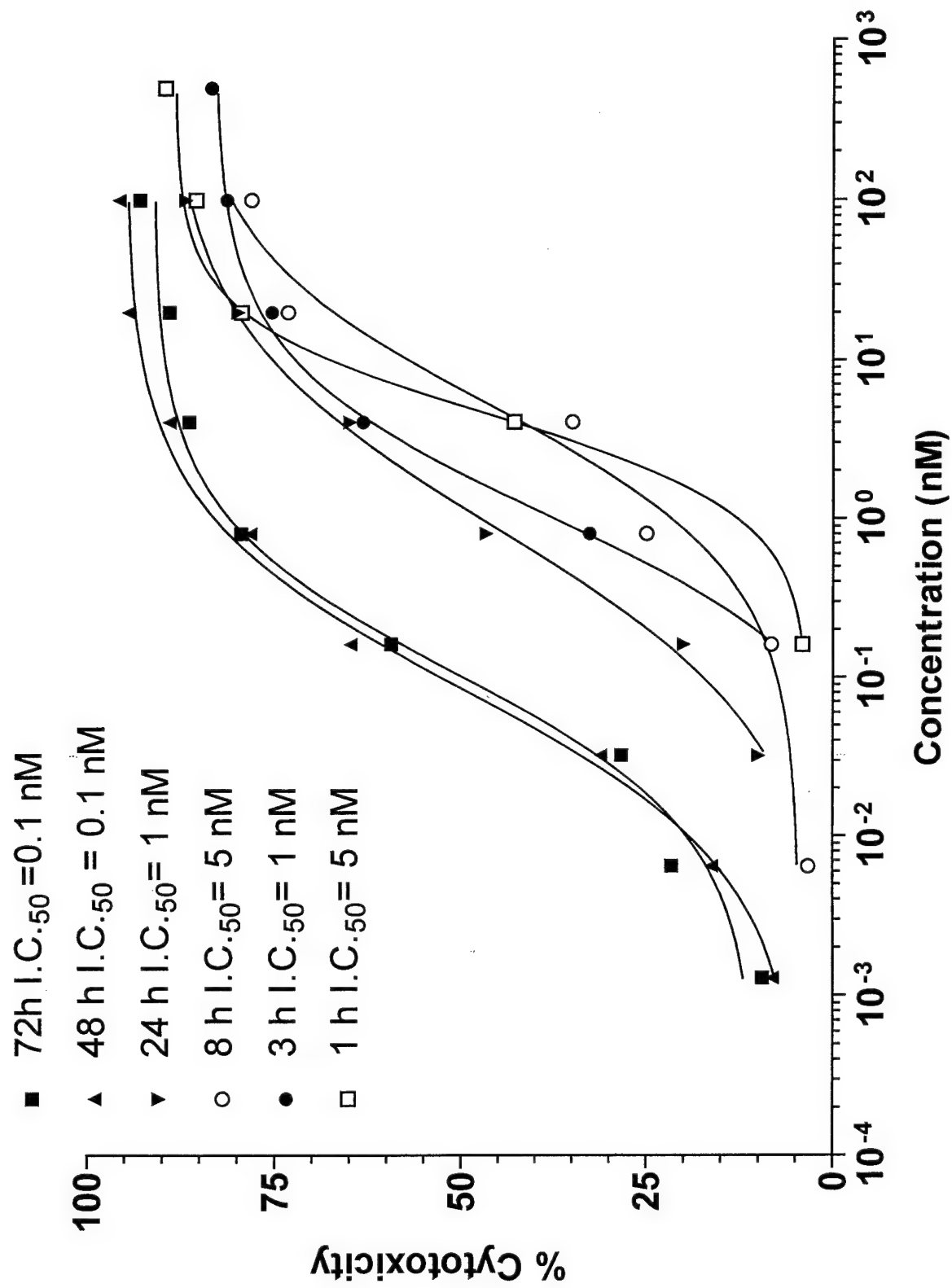
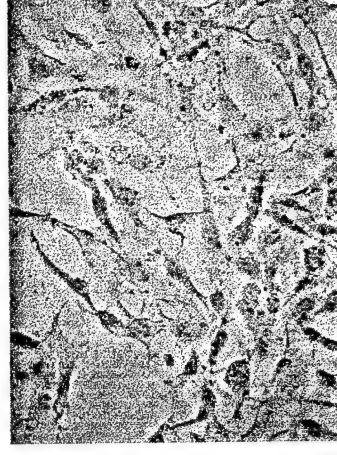
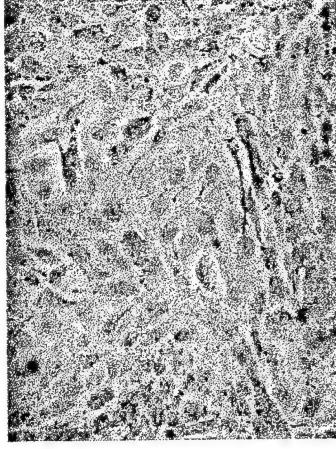
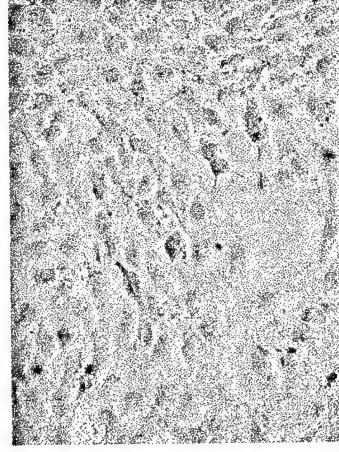
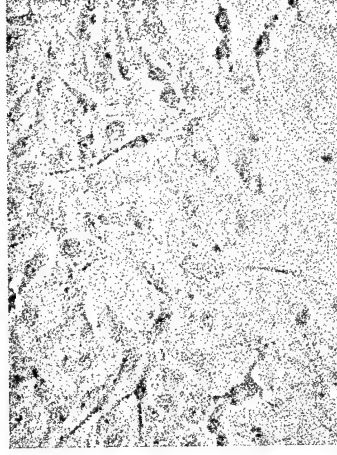
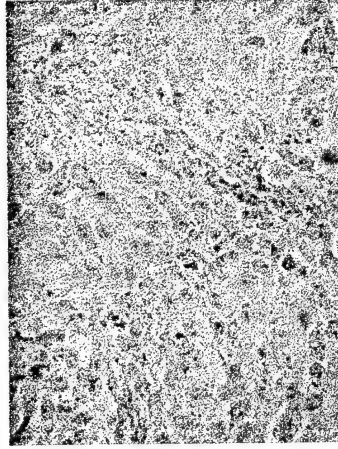
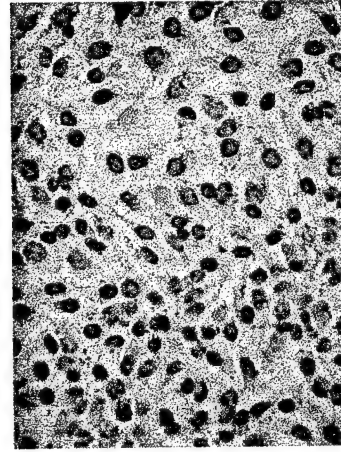


Figure 7

**Positive Control**

**0 hr**

**48 hr**



**Negative Control**

**24 hr**

**72 hr**

Figure 8



## **The Vascular-Ablative Agent, VEGF<sub>121</sub>/rGel, Inhibits Pulmonary Metastases of MDA-MB-231 Breast Tumors**

Sophia Ran<sup>1,2</sup> Khalid A. Mohamedali<sup>3</sup> Philip Thorpe<sup>1</sup> and Michael G. Rosenblum<sup>3\*</sup>

<sup>1</sup> Simmons Comprehensive Cancer Center and Department of Pharmacology, University of Texas Southwestern Medical Center, Dallas, TX 75390-8594, USA.

<sup>2</sup> Current address: Southern Illinois University, School of Medicine, Department of Microbiology and Immunology, Springfield, IL 62702-9678.

<sup>3</sup> Immunopharmacology and Targeted Therapy Section, Department of Bioimmunotherapy, M. D. Anderson Cancer Center, 1515 Holcombe Blvd  
Houston, TX 77030

\*To whom correspondence and requests for reprints should be addressed

Abbreviations: VEGF<sub>121</sub>/rGel, vascular endothelial growth factor 121 fused with recombinant toxin gelonin; VEGFR2; VEGF receptor 2; HRP, horseradish peroxidase; HPF, high power field.

**Key Words:** breast cancer; lung metastases; inhibition; VEGF<sub>121</sub>/rGel fusion toxin; vascular targeting agent

Research conducted, in part, by the Clayton Foundation for Research. Research supported by DAMD-17-02-1-0457-1

## ABSTRACT

We evaluated the effect of VEGF<sub>121</sub>/rGel fusion toxin treatment on the growth of metastatic MDA-MB-231 tumor cells in nude mice. Tumor cells ( $0.5 \times 10^6$  per mouse) were injected i.v. and 8 days after inoculation, mice (6 per group) were treated 6 times either with VEGF<sub>121</sub>/rGel (100 ug/dose) or free gelonin. Three weeks after treatment, mice were sacrificed and the lungs were harvested and examined. The surface lung foci in the VEGF<sub>121</sub>/rGel – treated mice were reduced by 58 % as compared to gelonin control animals (means were 22.4 and 53.3 for VEGF<sub>121</sub>/rGel and control, respectively;  $p < 0.05$ ). The mean area of lung colonies from VEGF<sub>121</sub>/rGel-treated mice was also 50% smaller than control mice ( $210 \pm 37 \mu\text{m}$  versus  $415 \pm 10 \mu\text{m}$  for VEGF<sub>121</sub>/rGel and control, respectively;  $p < 0.01$ ). In addition, the vascularity of metastatic foci as assessed by the mean number of blood vessels per  $\text{mm}^2$  in metastatic foci was significantly reduced ( $198 \pm 37$  versus  $388 \pm 21$  for treated and control, respectively). Approximately 62% of metastatic colonies from the VEGF<sub>121</sub>/rGel-treated group had fewer than 10 vessels per colony as compared to 23% in the control group. The VEGF receptor (flk-1) was intensely detected on the metastatic vessels in the control but not on the vessels in the VEGF<sub>121</sub>/rGel-treated group. Metastatic foci present in lung had a 3-fold lower Ki-67 labeling number compared to control tumors. These data strongly suggest that the anti-tumor vascular-ablative effect of VEGF<sub>121</sub>/rGel could be utilized not only for treating primary tumors but also for inhibiting metastatic spread.

## INTRODUCTION

Biological studies examining the development of the vascular tree in normal development and in disease states have identified numerous cytokines and their receptors responsible for triggering and maintaining this process (1-7). Tumor neovascularization is central not only to the growth and development of the primary lesion but appears to be a critical factor in the development and maintenance of metastases (8-12). Clinical studies in bladder cancer (9) have demonstrated a correlation between micro-vessel density and metastases. In addition, studies of breast cancer metastases by Fox et al. and Aranda et al. (11-12) have demonstrated that microvessel count in primary tumors appears to be related to the presence of metastases in lymph nodes and micrometastases in bone marrow.

The cytokine vascular endothelial growth factor-A (VEGF-A) and its receptors Flt-1 and KDR have been implicated as one of the central mediators of normal angiogenesis and tumor neovascularization (13-20). Up-regulation or over-expression of the KDR receptors or the VEGF-A ligand itself has been implicated as poor prognostic markers in various clinical studies of colon, breast and pituitary cancers (21-23). Recently, Padro et al. (24) have suggested that both VEGF-A and KDR may play a role in the neovascularization observed in bone marrow during AML tumor progression and may provide evidence that the VEGF/KDR pathway is important in leukemic growth.

For these reasons, there have been several groups interested in developing therapeutic agents and approaches targeting the VEGF-A pathway. Agents which prevent VEGF-A binding to its receptor, antibodies which directly block the KDR receptor itself and small molecules which

block the kinase activity of the KDR and thereby block growth factor signaling are all under development (25-37). Recently, our laboratory reported the development of a growth factor fusion construct of VEGF<sub>121</sub> and the recombinant toxin gelonin (38). Our studies demonstrated that this agent was specifically cytotoxic only to cells expressing the KDR receptor and was not cytotoxic to cells over-expressing the Flt-1 receptor. In addition, this agent was shown to localize within tumor vasculature and caused a significant damage to vascular endothelium in both PC-3 prostate and MDA-MB-231 orthotopic xenograft tumor models.

The current study seeks to extend our original observations describing the in vitro biological effects of this novel fusion construct and we examined the effects of this agent in both orthotopic and metastatic tumor models.

## **MATERIALS AND METHODS**

### **Materials**

Bacterial strains, pET bacterial expression plasmids and recombinant enterokinase were obtained from Novagen (Madison, WI). All other chemicals were from Sigma Chemical Company (St. Louis, MO) or Fisher Scientific (Pittsburgh, PA). TALON metal affinity resin was obtained from Clontech laboratories (Palo Alto, CA). Other chromatography resin and materials were from Pharmacia Biotech (Piscataway, NJ). Endothelial cell growth supplement (ECGS) from bovine neural tissue was obtained from Sigma Chemical Company. Murine brain endothelioma (bEnd.3) cells were provided by Professor Werner Risau (Max Plank Institute, Munich, Germany). Tissue culture reagents were from Gibco BRL (Gaithersburg, MD) or Mediatech Cellgro (Herndon, VA).

## **Antibodies**

Rat anti-mouse CD31 antibody was from PharMingen (San Diego, CA). Rabbit anti-gelonin antibody was produced in the Veterinary Medicine Core Facility at MDACC. Hybridoma producing the mouse monoclonal 6w/32 antibody directed against human HLA antigen was purchased from ATCC ( ). The 6w/32 antibody was purified from hybridoma supernatant using Protein A resin. MECA 32, a pan mouse endothelial cell antibody, was kindly provided by Dr. E. Butcher (Stanford University, CA) and served as a positive control for immunohistochemical studies. The ki-67 antibody was from Abcam, Inc(Cambridge, UK). Goat anti-rat, anti-mouse and anti-rabbit secondary antibodies conjugated to HRP were purchased from Daco (Carpinteria, CA).

## **Methods**

### **Cell Culture**

Porcine aortic endothelial cells transfected with the KDR receptor (PAE/KDR) or the Flt-1 receptor (PAE/Flt-1) were a generous gift from Dr. J. Waltenberger. MDA-MB-231 cells were a generous gift from Dr. Janet Price. Cells were maintained as a monolayer in F12 Nutrient Media (HAM) supplemented with 100 units/ml penicillin, 100 units/ml streptomycin, and 10% fetal bovine serum. Cells were harvested by treatment with Versene (0.02%EDTA). Tumor cells intended for injection into mice were washed once and resuspended in serum-free medium without supplements. Cell number and viability were determined by staining with 0.2% trypan blue dye diluted in saline. Only single-cell suspensions of greater than 90% viability were used for *in vivo* studies.

### **Expression and Purification of VEGF<sub>121</sub>/rGel**

The construction, expression and purification of VEGF<sub>121</sub>/rGel has been previously described (38). The fusion toxin was stored in sterile PBS at -20°C.

### **Cytotoxicity of VEGF<sub>121</sub>/rGel and rGel**

Cytotoxicity of VEGF<sub>121</sub>/rGel and rGel against log phase PAE/KDR and PAE/Flt-1 cells have been previously described (38). Here, we assessed the cytotoxicity of VEGF<sub>121</sub>/rGel and rGel against log phase MDA-MB-231 cells. Cells were grown in 96 well flat-bottom tissue culture plates. Purified VEGF<sub>121</sub>/rGel and rGel were diluted in culture media and added to the wells in 5-fold serial dilutions. Cells were incubated for 72 hours. The remaining adherent cells were stained with crystal violet (0.5% in 20% methanol) and solubilized with Sorenson's buffer (0.1 M sodium citrate, pH 4.2 in 50% ethanol). Absorbance was measured at 630 nm.

### **Western Blot Analysis**

Whole cell lysates of PAE/KDR and PAE/Flt-1 cells were obtained by lysing cells in Cell Lysis buffer (50 mM Tris, pH 8.0, 0.1 mM EDTA, 1 mM DTT, 12.5 mM MgCl<sub>2</sub>, 0.1 M KCl, 20% glycerol) supplemented with protease inhibitors (leupeptin (0.5%), aprotinin (0.5%) and PMSF (0.1%). Protein samples were separated by SDS-PAGE under reducing conditions and electrophoretically transferred to a PVDF memberane overnight at 4°C in transfer buffer (25 mM Tris-HCl, pH 7.6, 190 mM glycine, 20% HPLC-grade methanol). The samples were analyzed for KDR with rabbit anti-flk-1 polyclonal antibody (Santa Cruz Biotechnology, Inc.) and Flt-1 using an anti-flt-1 polyclonal antibody (Santa Cruz Biotechnology, Inc.). The membranes were then

incubated with goat-anti-rabbit IgG horseradish peroxidase (HRP), developed using the Amersham ECL detection system and exposed to X-ray film.

### **Immunoprecipitation**

Cells were lysed as described (see western protocol). 500  $\mu$ g MDA-MB-231 cell lysate was mixed with 2  $\mu$ g anti-flk-1 antibody in a final volume of 250  $\mu$ l and incubated for two hours at 4°C. 100  $\mu$ g PAE/KDR and PAE/Flt-1 cell lysates were immunoprecipitated as controls. The mixtures were then incubated overnight with 20  $\mu$ l Protein A beads that had been blocked with 5% BSA. The beads were washed 4 times in lysis buffer and the samples, along with 30  $\mu$ g PAE/KDR cell lysate, were run on a gel, transferred overnight onto a PVDF membrane and probed using an anti-flk-1 polyclonal antibody.

### **Localization of VEGF<sub>121</sub>/rGel to Blood Vessels of MDA-MB-231 Tumors**

SCID mice (3 mice per group) bearing MDA-MB-231 tumors were intravenously injected with 50  $\mu$ g of the fusion protein or equivalent amount of free gelonin. The mean tumor volume per group was 260 mm<sup>3</sup>. Thirty minutes later mice were sacrificed and exsanguinated. All major organs and tumor were harvested and snap-frozen for preparation of cryosections. Frozen sections were double stained with a pan-endothelial marker MECA 32 (5  $\mu$ g/ml) followed by detection of the localized fusion protein using rabbit anti-gelonin antibody (10  $\mu$ g/ml). MECA 32 rat IgG was visualized by goat anti-rat IgG conjugated to FITC (green fluorescence). Rabbit anti-gelonin antibody was detected by goat anti-rabbit IgG conjugated to Cy-3 (red fluorescence). Co-localization of both markers was indicated by yellow color. Anti-gelonin antibody had no reactivity with tissues sections derived from mice injected with saline or with VEGF<sub>121</sub>. To

determine % of vessels with localized fusion protein, MECA 32 positive, gelonin-positive and vessels with combined color were counted at magnification of x 200 in at least 10 fields per section. Two slides from each mouse were analyzed and percent of positive vessels was averaged.

### **Metastatic Model of MDA-MB-231 Tumors**

Female SCID mice, aged 4-5 weeks, were injected in a tail vein with 0.1 ml of MDA-MB-231 cell suspension ( $5 \times 10^5$  cells). The mice were randomly separated into two groups (6 mice per group) and were treated with either VEGF<sub>121</sub>/rGel or gelonin alone (100 µg intraperitoneally, 6 times total with the interval of 3 days) starting the 8<sup>th</sup> day after the injection of cells. Three weeks after termination of the treatment, the animals were sacrificed and their lungs were removed. One lobe was fixed in Bouin's fixative and the other lobe was snap-frozen. After fixation in Bouin's fixative, the tumor colonies on the lung surface appear white, whereas the normal lung tissue appears brown. The number of tumor colonies on the surface of each lung was counted and the weight of each lung was measured. The values obtained from individual mice in the VEGF<sub>121</sub>/rGel and rGel groups were averaged per group.

### **Determination of Number, Size and Vascular Density of Lung Metastatic Foci**

Frozen samples of lung tissue was cut to produce sections of 6 µm. Blood vessels were visualized by MECA 32 antibody and metastatic lesions were identified by morphology and by 6w/32 antibody, directed against human HLA antigens. Each section was also double stained by MECA 32 and 6w/32 antibodies to ensure that the analyzed blood vessels are located within a metastatic lesion. Slides were first viewed at low magnification (x 2 objective) to determine total



number of foci per a cross-section. Six slides derived from individual mice in each group were analyzed and the number was averaged. Images of each colony were taken using digital camera (CoolSnap) at magnifications of x40 and x100 and analyzed using Metaview software that allows measurements of smallest and largest diameter, perimeter ( $\mu\text{m}$ ) and area ( $\text{mm}^2$ ). The vascular endothelial structures identified within a lesion were counted and number of vessels per each lesion was determined and normalized per  $\text{mm}^2$ . The mean number of vessels per  $\text{mm}^2$  was calculated per each slide and averaged per VEGF<sub>121</sub>/rGel and rGel groups (6 slides per group). The results are expressed  $\pm$  SEM. The same method applied to determine the mean number of vessels in non-malignant tissues.

#### **Immunohistochemical Analysis of Proliferation of Tumor Cells in the Lung Colonies**

Frozen sections of mouse normal organs and metastatic lungs were fixed with acetone for 5 min and rehydrated with PBST for 10 min. All dilutions of antibodies were prepared in PBST containing 0.2% BSA. Primary antibodies were detected by appropriate anti-mouse, anti-rat or anti-rabbit HRP conjugates. HRP activity was detected by developing with DAB substrate (Research Genetics). To determine number of cycling cells sections were stained with the ki-67 antibody followed by anti-mouse IgG HRP conjugate. Sections were analyzed at magnification of x100. Number of cells positive for ki-67 was normalized per  $\text{mm}^2$ . The mean number  $\pm$  SD per VEGF<sub>121</sub>/rGel and control group is presented. The average numbers derived from analysis of each slide were combined per either VEGF<sub>121</sub>/rGel or rGel group and analyzed for statistical differences.

#### **Expression of KDR in metastatic Lung Tumors**

The expression of VEGF receptor-2 on the vasculature of breast tumors metastatic to lung was also assessed using the RAF-1 antibody as described in (Evaluation of novel anti-mouse VEGFR2 antibodies as potential anti-angiogenic or vascular targeting agents for tumor therapy. Sophia Ran, Xianming Huang, Amber Downes and Philip E. Thorpe- Neoplasia in press)

Frozen sections of lungs from mice treated with VEGF<sub>121</sub>/rGel or free gelonin stained with monoclonal rat anti-mouse VEGFR2 antibody RAFL-1 (10  $\mu$ g/ml). RAFL-1 antibody was detected by goat anti-rat IgG-HRP

### Statistical Analysis

Results are expressed as mean  $\pm$  SEM unless otherwise indicated. Statistical significance was determined by one way analysis of variance followed by the Student's t-test.

### Results

#### Cytotoxicity of VEGF<sub>121</sub>/rGel on MDA-MB-231 Cells

We have previously demonstrated that VEGF<sub>121</sub>/rGel is cytotoxic to endothelial cells expressing KDR but not Flt-1. As assessed by Western, MDA-MB-231 cells do not appear to express VEGFR1 or VEGFR2, the receptors which bind VEGF<sub>121</sub>. We additionally examined the cytotoxicity of VEGF<sub>121</sub>/rGel on MDA-MB-231 cells in culture and showed an IC<sub>50</sub> slightly higher than that observed for recombinant gelonin (Fig. 1), indicating that VEGF<sub>121</sub>/rGel does not have a specific target on MBA-MB-231 cells.

#### Localization of VEGF<sub>121</sub>/rGel to Vasculature of MDA-MB-231 Tumors

Mice bearing orthotopic MDA-MB-231 tumors were injected intravenously with either VEGF<sub>121</sub>/rGel (50 ug/mouse) or free gelonin (20 ug/mouse) and, thirty minutes later, the mice were exsanguinated. Frozen sections were prepared from the tumor and normal organs and examined immunohistochemically to determine the location of the free gelonin and the gelonin fusion construct. VEGF<sub>121</sub>/rGel was primarily detected on endothelium of tumor (Fig. 2). In average, sixty percent of vessels positive for MECA 32 were also positive for gelonin in the group of VEGF<sub>121</sub>/rGel – injected mice. In the tumor regions of increased vascularity (hot spots), up to 90% of tumor vessels were labeled by anti-gelonin IgG. Vessels with bound VEGF<sub>121</sub>/rGel were homogeneously distributed within the tumor vasculature. Vessels in normal organs were unstained with the exception of the kidney where weak and diffuse staining was detected in the glomeruli. Free gelonin did not localize to tumor or normal vessels in any of the mice, indicating that only targeted gelonin was able to bind to the tumor endothelium. These results indicate that VEGF<sub>121</sub>/rGel specifically localizes to tumor vessels, which demonstrate high density and favorable distribution of the VEGF<sub>121</sub>/rGel – binding sites.

### **MDA-MB-231 Model of Experimental Pulmonary Metastases and Rationale for Therapeutic Regime**

Human breast carcinoma MDA-MB-231 cells consistently lodge in lungs following intravenous injection into the tail vein of athymic or SCID mice. Micrometastases are first detected 3 to 7 days after injection of  $5 \times 10^5$  cells and macroscopic colonies develop in 100% of the injected mice within 4 to 7 weeks. Mortality occurs in all mice within 10-15 weeks. This model of experimental breast cancer metastasis examines the ability of tumor cells to

survive in the blood circulation, extravasate through the pulmonary vasculature and establish growing colonies in the lung parenchyma.

We evaluated the effect of VEGF<sub>121</sub>/rGel on the growth and survival of the established micrometastases. We, therefore, started the treatment 8 days after injection of the tumor cells. By that time, based on our prior observations, tumor cells that were able to survive in the circulation and transverse the lung endothelial barrier are localized within the lung parenchyma and initiate tumor angiogenesis. Treatment with VEGF<sub>121</sub>/rGel was given for the following 2 weeks as described under Methods, allowing the mice to receive the maximal tolerated accumulative dose of the drug (600 µg per mouse). Prior studies established that VEGF<sub>121</sub>/rGel given at such dose did not cause histopathological changes in normal organs. The accumulative dose of 640-800 µg of total VEGF<sub>121</sub>/rGel fusion protein, given i. p. over period of 4 weeks, did not induce significant toxicity as judged by morphological evaluation of normal organs. Transient loss of weight (~10%) was observed 24 hours after most of the treatments with complete weight recovery thereafter.

Colonies were allowed to expand in the absence of treatment for the three following weeks in order to evaluate long-term effect of VEGF<sub>121</sub>/rGel on size of the colonies, proliferation index of tumor cells and their ability to induce new blood vessel formation.

#### **Effect of VEGF<sub>121</sub>/rGel on Number and Size of MDA-MB-231 Tumor Lesions in Lungs**

Treatment with VEGF<sub>121</sub>/rGel but not with free gelonin significantly reduced by between 42-58% both the number of colonies per lung and the size of the metastatic foci present in lung as shown in Fig. 3 and Table 1.

#### **Effect of VEGF<sub>121</sub>/rGel on Vascularity of the MDA-MB-231 Pulmonary Metastatic Foci.**

The overall mean vascular density of lung colonies was reduced by 51% compared to the rGel treated controls (Table 2 and Fig. 4), however; the observed effect was non-uniformly distributed by tumor colony size. The greatest impact on vascularization was observed on mid-size and extremely small tumors (62 and 69% inhibition respectively) while large tumors demonstrated the least effect (10% inhibition). The majority of lesions in the VEGF<sub>121</sub>/rGel-treated mice (~70%) were avascular whereas only 40% of lesions from the control group did not have vessels within the metastatic lung foci.

#### **Effect of VEGF<sub>121</sub>/rGel on Number of Cycling Cells in the Metastatic Foci**

The number of cycling tumor cells in lesions from the VEGF<sub>121</sub>/rGel group was also reduced by ~60% as compared to controls (Fig. 5). This finding suggests that vascularity of metastases directly affects tumor cell proliferation.

#### **Effect of VEGF<sub>121</sub>/rGel on flk-1 Expression in Tumor Vessel Endothelium**

The expression of KDR on the remaining few vessels present in lung metastatic foci demonstrated a significant decline compared to that of lung foci present in control tumors (Fig 6). This suggests that the VEGF<sub>121</sub>/rGel agent is able to significantly down-regulate the receptor or prevent the outgrowth of highly receptor-positive endothelial cells.

## DISCUSSION

Neovascularization is a particularly important hallmark of breast tumor growth and metastatic spread (39-43). The growth factor VEGF-A and the receptor KDR have both been implicated in highly metastatic breast (44-46). We have previously demonstrated that the VEGF<sub>121</sub>/rGel growth factor fusion toxin specifically targets KDR-expressing tumor vascular endothelial cells and inhibits growth of subcutaneously implanted, human tumor xenografts (38). The current study was designed to evaluate its effect on development of breast cancer metastases in lungs following intravenous injection of MDA-MB-231 cells.

The salient findings of our study of the VEGF<sub>121</sub>/rGel construct are that this fusion toxin is specifically cytotoxic to cells over-expressing the KDR receptor for VEGF. However, the human breast MDA-MB231 cells employed for these studies do not express this receptor and, therefore, were not directly affected by this agent. The antitumor effects of VEGF<sub>121</sub>/rGel observed from our in vivo studies appear to be solely the result of targeting tumor vasculature. Administration of the VEGF<sub>121</sub>/rGel construct to mice previously injected (i.v.) with tumor cells dramatically reduced the number of tumor colonies found in lung, their size and their vascularity. In addition, the number of cycling breast tumor cells within lung metastatic foci was found to be reduced by an average of 60%. In addition to the reduced number of blood vessels present in lung metastases of treated mice, we also found that the few vessels present had a greatly reduced expression of VEGFR2. Therefore, this construct demonstrated an impressive, long-term impact on the growth and development of breast tumor metastatic foci found in lung.

Targeting tumor vasculature with a variety of technologies has been shown to inhibit the growth and development of primary tumors as well as metastases. Recently, Shaheen, et.al. (47) demonstrated that small molecule tyrosine kinase inhibitors active against the receptors for VEGF, fibroblast growth factor and platelet-derived growth factors were also capable of inhibiting microvessel formation and metastases in tumor model systems. Previously, Seon et al. (48) demonstrated long-term anti-tumor effects of an anti-endoglin antibody conjugated with ricin A-chain(RTA) in a human breast tumor xenograft model.

Surprisingly, one finding from our study was that administration of VEGF<sub>121</sub>/rGel resulted in a 3 fold decrease in the number of Ki-67 labeled (cycling) cells in the metastatic foci present in lung (Fig. 5). Clinical studies have suggested that tumor cell cycling may be an important prognostic marker for disease-free survival in metastatic breast cancer, but that Ki-67 labeling index, tumor microvessel density (MVD) and neovascularization appear to be independently regulated processes (49-50). To our knowledge, this is the first report of a significant reduction in tumor labeling index produced by a vascular targeting agent.

Another critical finding from our studies is the observation that the vascular-ablative effects of the VEGF<sub>121</sub>/rGel fusion construct alone were unable to completely eradicate lung metastases. Although the growth of larger pulmonary metastases was completely inhibited by this therapeutic approach, development of small, avascular, metastatic foci within lung tissue was observed. This data strongly suggests that combination of vascular targeting agents with chemotherapeutic agents or with radiotherapeutic agents which directly damage tumor cells themselves may provide for greater therapeutic effect. Studies of several vascular targeting

agents in combination with chemotherapeutic agents have already demonstrated a distinct in vivo anti-tumor advantage of this combination modality against experimental tumors in mice (51). Studies by Pedley et al. (52) have also suggested that combination of vascular targeting and radioimmunotherapy may also present a potent antitumor combination. Finally, studies combining hyperthermia and radiotherapy with vascular targeting agents have demonstrated enhanced activity against mammary carcinoma tumors in mice (53). Studies in our laboratory combining VEGF<sub>121</sub>/rGel and various chemotherapeutic agents, biological agents or therapeutic agents targeting tumor cells are currently ongoing.

The presented findings demonstrate that VEGF<sub>121</sub>/rGel can clearly and specifically target KDR expressing tumor vasculature both in vitro and in vivo and that this agent can have an impressive inhibitory effect on tumor metastases. Studies are continuing in our laboratory to examine the activity of this agent alone and in combination against a variety of orthotopic and metastatic tumor models.



## Reference List

1. Birnbaum, D. VEGF-FLT1 receptor system: a new ligand-receptor system involved in normal and tumor angiogenesis. *Jpn.J.Cancer Res.*, 86: inside, 1995.
2. Kerbel, R. S. Tumor angiogenesis: past, present and the near future. *Carcinogenesis*, 21: 505-515, 2000.
3. Bando, H. and Toi, M. Tumor angiogenesis, macrophages, and cytokines. *Adv.Exp.Med.Biol.*, 476: 267-284, 2000.
4. Falterman, K. W., Ausprunk, H., and Klein, M. D. Role of tumor angiogenesis factor in maintenance of tumor-induced vessels. *Surg.Forum*, 27: 157-159, 1976.
5. Patt, L. M. and Houck, J. C. Role of polypeptide growth factors in normal and abnormal growth. *Kidney Int.*, 23: 603-610, 1983.
6. Ravi, R., Mookerjee, B., Bhujwalla, Z. M., Sutter, C. H., Artemov, D., Zeng, Q., Dillehay, L. E., Madan, A., Semenza, G. L., and Bedi, A. Regulation of tumor angiogenesis by p53-induced degradation of hypoxia-inducible factor 1alpha. *Genes Dev.*, 14: 34-44, 2000.
7. Folkman, J. Proceedings: Tumor angiogenesis factor. *Cancer Res.*, 34: 2109-2113, 1974.
8. Strugar, J., Rothbart, D., Harrington, W., and Criscuolo, G. R. Vascular permeability factor in brain metastases: correlation with vasogenic brain edema and tumor angiogenesis. *J.Neurosurg.*, 81: 560-566, 1994.

9. Jaeger, T. M., Weidner, N., Chew, K., Moore, D. H., Kerschmann, R. L., Waldman, F. M., and Carroll, P. R. Tumor angiogenesis correlates with lymph node metastases in invasive bladder cancer. *J.Urol.*, 154: 69-71, 1995.
10. Melnyk, O., Zimmerman, M., Kim, K. J., and Shuman, M. Neutralizing anti-vascular endothelial growth factor antibody inhibits further growth of established prostate cancer and metastases in a pre-clinical model. *J.Urol.*, 161: 960-963, 1999.
11. Aranda, F. I. and Laforga, J. B. Microvessel quantitation in breast ductal invasive carcinoma. Correlation with proliferative activity, hormonal receptors and lymph node metastases. *Pathol.Res.Pract.*, 192: 124-129, 1996.
12. Fox, S. B., Leek, R. D., Bliss, J., Mansi, J. L., Gusterson, B., Gatter, K. C., and Harris, A. L. Association of tumor angiogenesis with bone marrow micrometastases in breast cancer patients. *J.Natl.Cancer Inst.*, 89: 1044-1049, 1997.
13. Senger, D. R., Van de, W. L., Brown, L. F., Nagy, J. A., Yeo, K. T., Yeo, T. K., Berse, B., Jackman, R. W., Dvorak, A. M., and Dvorak, H. F. Vascular permeability factor (VPF, VEGF) in tumor biology. *Cancer Metastasis Rev.*, 12: 303-324, 1993.
14. McMahon, G. VEGF receptor signaling in tumor angiogenesis. *Oncologist.*, 5 *Suppl 1*: 3-10, 2000.
15. Obermair, A., Kucera, E., Mayerhofer, K., Speiser, P., Seifert, M., Czerwenka, K., Kaider, A., Leodolter, S., Kainz, C., and Zeillinger, R. Vascular endothelial growth factor (VEGF) in human breast cancer: correlation with disease-free survival. *Int.J.Cancer*, 74: 455-458, 1997.

16. Miyoshi, C. and Ohshima, N. Vascular endothelial growth factor (VEGF) expression regulates angiogenesis accompanying tumor growth in a peritoneal disseminated tumor model. *In Vivo*, 15: 233-238, 2001.
17. Neufeld, G., Cohen, T., Gengrinovitch, S., and Poltorak, Z. Vascular endothelial growth factor (VEGF) and its receptors. *FASEB J.*, 13: 9-22, 1999.
18. Shibuya, M. Role of VEGF-flt receptor system in normal and tumor angiogenesis. *Adv.Cancer Res.*, 67: 281-316, 1995.
19. Detmar, M. The role of VEGF and thrombospondins in skin angiogenesis. *J.Dermatol.Sci.*, 24 *Suppl 1*: S78-S84, 2000.
20. Verheul, H. M. and Pinedo, H. M. The Role of Vascular Endothelial Growth Factor (VEGF) in Tumor Angiogenesis and Early Clinical Development of VEGF-Receptor Kinase Inhibitors. *Clin.Breast Cancer*, 1 *Suppl 1*: S80-S84, 2000.
21. McCabe, C. J., Boelaert, K., Tannahill, L. A., Heaney, A. P., Stratford, A. L., Khaira, J. S., Hussain, S., Sheppard, M. C., Franklyn, J. A., and Gittoes, N. J. Vascular endothelial growth factor, its receptor KDR/Flk-1, and pituitary tumor transforming gene in pituitary tumors. *J.Clin.Endocrinol.Metab*, 87: 4238-4244, 2002.
22. Kranz, A., Mattfeldt, T., and Waltenberger, J. Molecular mediators of tumor angiogenesis: enhanced expression and activation of vascular endothelial growth factor receptor KDR in primary breast cancer. *Int.J.Cancer*, 84: 293-298, 1999.

23. Harada, Y., Ogata, Y., and Shirouzu, K. Expression of vascular endothelial growth factor and its receptor KDR (kinase domain-containing receptor)/Flk-1 (fetal liver kinase-1) as prognostic factors in human colorectal cancer. *Int.J.Clin.Oncol.*, 6: 221-228, 2001.
24. Padro, T., Bieker, R., Ruiz, S., Steins, M., Retzlaff, S., Burger, H., Buchner, T., Kessler, T., Herrera, F., Kienast, J., Muller-Tidow, C., Serve, H., Berdel, W. E., and Mesters, R. M. Overexpression of vascular endothelial growth factor (VEGF) and its cellular receptor KDR (VEGFR-2) in the bone marrow of patients with acute myeloid leukemia. *Leukemia*, 16: 1302-1310, 2002.
25. Wedge, S. R., Ogilvie, D. J., Dukes, M., Kendrew, J., Curwen, J. O., Hennequin, L. F., Thomas, A. P., Stokes, E. S., Curry, B., Richmond, G. H., and Wadsworth, P. F. ZD4190: an orally active inhibitor of vascular endothelial growth factor signaling with broad-spectrum antitumor efficacy. *Cancer Res.*, 60: 970-975, 2000.
26. Laird, A. D., Vajkoczy, P., Shawver, L. K., Thurnher, A., Liang, C., Mohammadi, M., Schlessinger, J., Ullrich, A., Hubbard, S. R., Blake, R. A., Fong, T. A., Strawn, L. M., Sun, L., Tang, C., Hawtin, R., Tang, F., Shenoy, N., Hirth, K. P., McMahon, G., and Cherrington SU6668 is a potent antiangiogenic and antitumor agent that induces regression of established tumors. *Cancer Res.*, 60: 4152-4160, 2000.
27. Haluska, P. and Adjei, A. A. Receptor tyrosine kinase inhibitors. *Curr.Opin.Investig.Drugs*, 2: 280-286, 2001.

28. Fabbro, D., Ruetz, S., Bodis, S., Pruschy, M., Csermak, K., Man, A., Campochiaro, P., Wood, J., O'Reilly, T., and Meyer, T. PKC412--a protein kinase inhibitor with a broad therapeutic potential. *Anticancer Drug Des*, 15: 17-28, 2000.
29. Fabbro, D., Buchdunger, E., Wood, J., Mestan, J., Hofmann, F., Ferrari, S., Mett, H., O'Reilly, T., and Meyer, T. Inhibitors of protein kinases: CGP 41251, a protein kinase inhibitor with potential as an anticancer agent. *Pharmacol.Ther.*, 82: 293-301, 1999.
30. Sun, L. and McMahon, G. Inhibition of tumor angiogenesis by synthetic receptor tyrosine kinase inhibitors. *Drug Discov.Today*, 5: 344-353, 2000.
31. Solorzano, C. C., Baker, C. H., Bruns, C. J., Killion, J. J., Ellis, L. M., Wood, J., and Fidler, I. J. Inhibition of growth and metastasis of human pancreatic cancer growing in nude mice by PTK 787/ZK222584, an inhibitor of the vascular endothelial growth factor receptor tyrosine kinases. *Cancer Biother.Radiopharm.*, 16: 359-370, 2001.
32. Dreys, J., Hofmann, I., Hugenschmidt, H., Wittig, C., Madjar, H., Muller, M., Wood, J., Martiny-Baron, G., Unger, C., and Marme, D. Effects of PTK787/ZK 222584, a specific inhibitor of vascular endothelial growth factor receptor tyrosine kinases, on primary tumor, metastasis, vessel density, and blood flow in a murine renal cell carcinoma model. *Cancer Res.*, 60: 4819-4824, 2000.
33. Dimitroff, C. J., Klohs, W., Sharma, A., Pera, P., Driscoll, D., Veith, J., Steinkampf, R., Schroeder, M., Klutchko, S., Sumlin, A., Henderson, B., Dougherty, T. J., and Bernacki, R. J. Anti-angiogenic activity of selected receptor tyrosine kinase inhibitors, PD166285 and

- PD173074: implications for combination treatment with photodynamic therapy. *Invest New Drugs*, 17: 121-135, 1999.
34. Mendel, D. B., Schreck, R. E., West, D. C., Li, G., Strawn, L. M., Tanciongco, S. S., Vasile, S., Shawver, L. K., and Cherrington, J. M. The angiogenesis inhibitor SU5416 has long-lasting effects on vascular endothelial growth factor receptor phosphorylation and function. *Clin.Cancer Res.*, 6: 4848-4858, 2000.
35. Prewett, M., Huber, J., Li, Y., Santiago, A., O'Connor, W., King, K., Overholser, J., Hooper, A., Pytowski, B., Witte, L., Bohlen, P., and Hicklin, D. J. Antivascular endothelial growth factor receptor (fetal liver kinase 1) monoclonal antibody inhibits tumor angiogenesis and growth of several mouse and human tumors. *Cancer Res.*, 59: 5209-5218, 1999.
36. Chen, Y., Wiesmann, C., Fuh, G., Li, B., Christinger, H. W., McKay, P., de Vos, A. M., and Lowman, H. B. Selection and analysis of an optimized anti-VEGF antibody: crystal structure of an affinity-matured Fab in complex with antigen. *J.Mol.Biol.*, 293: 865-881, 1999.
37. Ryan, A. M., Eppler, D. B., Hagler, K. E., Bruner, R. H., Thomford, P. J., Hall, R. L., Shopp, G. M., and O'Neill, C. A. Preclinical safety evaluation of rhuMAbVEGF, an antiangiogenic humanized monoclonal antibody. *Toxicol.Pathol.*, 27: 78-86, 1999.
38. Veenendaal, L. M., Jin, H., Ran, S., Cheung, L., Navone, N., Marks, J. W., Waltenberger, J., Thorpe, P., and Rosenblum, M. G. In vitro and in vivo studies of a VEGF121/rGelonin

chimeric fusion toxin targeting the neovasculature of solid tumors.

Proc.Natl.Acad.Sci.U.S.A, 99: 7866-7871, 2002.

39. Axelsson, K., Ljung, B. M., Moore, D. H., Thor, A. D., Chew, K. L., Edgerton, S. M., Smith, H. S., and Mayall, B. H. Tumor angiogenesis as a prognostic assay for invasive ductal breast carcinoma. *J.Natl.Cancer Inst.*, 87: 997-1008, 1995.
40. Balsari, A., Maier, J. A., Colnaghi, M. I., and Menard, S. Correlation between tumor vascularity, vascular endothelial growth factor production by tumor cells, serum vascular endothelial growth factor levels, and serum angiogenic activity in patients with breast carcinoma. *Lab Invest*, 79: 897-902, 1999.
41. Bosari, S., Lee, A. K., DeLellis, R. A., Wiley, B. D., Heatley, G. J., and Silverman, M. L. Microvessel quantitation and prognosis in invasive breast carcinoma. *Hum.Pathol.*, 23: 755-761, 1992.
42. Bottini, A., Berruti, A., Bersiga, A., Brizzi, M. P., Allevi, G., Bolsi, G., Aguggini, S., Brunelli, A., Betri, E., Generali, D., Scaratti, L., Bertoli, G., Alquati, P., and Dogliotti, L. Changes in microvessel density as assessed by CD34 antibodies after primary chemotherapy in human breast cancer. *Clin.Cancer Res.*, 8: 1816-1821, 2002.
43. Chu, J. S., Lee, W. J., Chang, T. C., Chang, K. J., and Hsu, H. C. Correlation between tumor angiogenesis and metastasis in breast cancer. *J.Formos.Med.Assoc.*, 94: 373-378, 1995.
44. Nakopoulou, L., Stefanaki, K., Panayotopoulou, E., Giannopoulou, I., Athanassiadou, P., Gakiopoulou-Givalou, H., and Louvrou, A. Expression of the vascular endothelial growth

- factor receptor-2/Flk-1 in breast carcinomas: correlation with proliferation. *Hum.Pathol.*, 33: 863-870, 2002.
45. Brown, L. F., Guidi, A. J., Schnitt, S. J., Van De, W. L., Iruela-Arispe, M. L., Yeo, T. K., Tognazzi, K., and Dvorak, H. F. Vascular stroma formation in carcinoma in situ, invasive carcinoma, and metastatic carcinoma of the breast. *Clin.Cancer Res.*, 5: 1041-1056, 1999.
  46. Brown, L. F., Berse, B., Jackman, R. W., Tognazzi, K., Guidi, A. J., Dvorak, H. F., Senger, D. R., Connolly, J. L., and Schnitt, S. J. Expression of vascular permeability factor (vascular endothelial growth factor) and its receptors in breast cancer. *Hum.Pathol.*, 26: 86-91, 1995.
  47. Shaheen, R. M., Davis, D. W., Liu, W., Zebrowski, B. K., Wilson, M. R., Bucana, C. D., McConkey, D. J., McMahon, G., and Ellis, L. M. Antiangiogenic therapy targeting the tyrosine kinase receptor for vascular endothelial growth factor receptor inhibits the growth of colon cancer liver metastasis and induces tumor and endothelial cell apoptosis. *Cancer Res.*, 59: 5412-5416, 1999.
  48. Seon, B. K., Matsuno, F., Haruta, Y., Kondo, M., and Barcos, M. Long-lasting complete inhibition of human solid tumors in SCID mice by targeting endothelial cells of tumor vasculature with antihuman endoglin immunotoxin. *Clin.Cancer Res.*, 3: 1031-1044, 1997.
  49. Honkoop, A. H., van Diest, P. J., de Jong, J. S., Linn, S. C., Giaccone, G., Hoekman, K., Wagstaff, J., and Pinedo, H. M. Prognostic role of clinical, pathological and biological characteristics in patients with locally advanced breast cancer. *Br.J.Cancer*, 77: 621-626, 1998.



50. Vartanian, R. K. and Weidner, N. Correlation of intratumoral endothelial cell proliferation with microvessel density (tumor angiogenesis) and tumor cell proliferation in breast carcinoma. *Am.J.Pathol.*, 144: 1188-1194, 1994.
51. Siemann, D. W., Mercer, E., Lepler, S., and Rojiani, A. M. Vascular targeting agents enhance chemotherapeutic agent activities in solid tumor therapy. *Int.J.Cancer*, 99: 1-6, 2002.
52. Pedley, R. B., El Emir, E., Flynn, A. A., Boxer, G. M., Dearling, J., Raleigh, J. A., Hill, S. A., Stuart, S., Motha, R., and Begent, R. H. Synergy between vascular targeting agents and antibody-directed therapy. *Int.J.Radiat.Oncol.Biol.Phys.*, 54: 1524-1531, 2002.
53. Murata, R., Overgaard, J., and Horsman, M. R. Combretastatin A-4 disodium phosphate: a vascular targeting agent that improves that improves the anti-tumor effects of hyperthermia, radiation, and mild thermoradiotherapy. *Int.J.Radiat.Oncol.Biol.Phys.*, 51: 1018-1024, 2001.

### Figure Legends

**Figure 1. VEGF<sub>121</sub>/rGel is not cytotoxic to MDA-MB-231 cells.**

**Figure 1a.** Western analysis demonstrating the presence of VEGFR2 on endothelial cells transfected with the R2 receptor(PAE/KDR) but not on cells expressing the FLT-1 receptor(PAE/FLT-1, negative control). As shown, the MDA-MB231 cells did not express detectable amounts of VEGFR-2.

**Figure 1b.** Log-phase MDA-MB231 cells were treated with various doses of VEGF<sub>121</sub>/rGel or rGel for 72 hrs. The cytotoxic effects of both agents were similar demonstrating no specific cytotoxicity of the fusion construct compared to free toxin on these cells.

**Figure 2. VEGF<sub>121</sub>/rGel localizes to blood vessels of MDA-MB-231 tumor.**

Mice bearing orthotopically-placed MDA-MB231 tumors were administered one dose (i.v., tail vein) of VEGF<sub>121</sub>/rGel. Four hours later, the mice were sacrificed and tumors excised and fixed. Tissue sections were stained for blood vessels using the Meca 32 antibody (red) and the section was counter-stained using an anti-gelatin antibody(green). Co-localization of the stains(yellow) demonstrate the presence of the VEGF<sub>121</sub>/rGel fusion construct specifically in blood vessels and not on tumor cells.

**Figure 3. VEGF<sub>121</sub>/rGel reduces number of large colonies in the metastatic lungs.**

The size of tumor colonies was analyzed on slides stained with 6w/32 antibody which specifically recognizes human HLA antigens. The antibody delineates colonies of human tumor

cells and defines borders between metastatic lesions and mouse lung parenchyma. The largest size differences between VEGF<sub>121</sub>/rGel and control groups were found in groups of colonies having diameter either less than 50  $\mu\text{m}$  or more than 1000  $\mu\text{m}$ . In the VEGF<sub>121</sub>/rGel-treated mice more than 40% of total foci were extremely small (< 50 micron) as compared to 18% in the control group. The control mice had approximately 8% of the extremely large colonies (>1000  $\mu\text{m}$ ) whereas VEGF<sub>121</sub>/rGel-treated mice did not colonies of this size.

**Figure 4. VEGF<sub>121</sub>/rGel inhibits vascularization of MDA-MB-231 pulmonary metastases.**

**Figure 4a.** Lungs derived from VEGF<sub>121</sub>/rGel and rGel - treated mice were stained with MECA 32 antibody and the number of vessels per  $\text{mm}^2$  within the metastatic foci was determined. The mean number of vessels per  $\text{mm}^2$  in lung metastases of VEGF<sub>121</sub>/rGel - treated mice was reduced by approximately 50% as compared to those in rGel - treated mice.

**Figure 4b.** Representative images demonstrating reduction of vascular density in foci of comparable size in mice treated with rGel (left) and VEGF<sub>121</sub>/rGel fusion protein (right).

**Figure 5. VEGF<sub>121</sub>/rGel inhibits proliferation of metastatic MDA-MB-231 cells in the lungs.**

Frozen sections of lungs derived from VEGF<sub>121</sub>/rGel and rGel - treated mice were stained with Ki-67 antibody. Stained sections were examined under x 40 objective to determine a number of tumor cells with positive nuclei (cycling cells). Positive cells were enumerated in 10 colonies per slide on six sections derived from individual mice per each treatment group. The mean number per group  $\pm$  SEM is presented. VEGF<sub>121</sub>/rGel treatment reduced the average number of cycling cells within the metastatic foci by approximately 60%.

**Fig. 6. Detection of VEGFR2 on vasculature of metastatic lesions by anti-VEGFR2 antibody, RAFL-1.** Frozen sections of lungs from mice treated with VEGF<sub>121</sub>/rGel or free gelonin stained with monoclonal rat anti-mouse VEGFR2 antibody RAFL-1 (10  $\mu$ g/ml). RAFL-1 antibody was detected by goat anti-rat IgG-HRP, as described under Methods. Sections were developed with DAB and counterstained with hematoxylin. Representative images of lung metastases of comparable size (700-800  $\mu$ m in the largest diameter) from each treatment group are shown. Images were taken with an objective of X20. Note that the pulmonary metastases from the VEGF<sub>121</sub>/rGel treated group show both reduced vessel density and decreased intensity of anti-VEGFR2 staining, as compared to control lesions.

**Table 1.** Effect of VEGF<sub>121</sub>/rGel on number and size of pulmonary metastases of MDA-MB-231 human breast carcinoma cells.

Parameter	Treatment <sup>a</sup>		% inhibition vs rGelolin treatment	P value <sup>b</sup>
	rGelolin	VEGF <sub>121</sub> /rGel		
No. surface colonies per lung (range) <sup>c</sup>	53.3 ± 22 (33-80)	22.4 ± 9.2 (11-41)	58.0%	0.03
No. intraparenchymal colonies per cross-section (range) <sup>d</sup>	22 ± 7.5 (18-28)	12.8 ± 5.5 (5-18)	42.0%	0.02
Mean area of colonies (μm) <sup>e</sup>	415 ± 10	201 ± 37	51.9%	0.01
Mean % of colonies-occupied area per lung section <sup>f</sup>	57.3 ± 19	25.6 ± 10.5	55.4%	0.01

<sup>a</sup> Mice with MDA-MB-231 pulmonary micrometastases were treated i.p. with VEGF<sub>121</sub>/rGel or free gelonin as described under Methods and Results.

<sup>b</sup> P value was calculated using t-Student test.

<sup>c</sup> Lungs were fixed with Bouin's fixative for 24 hours. Number of surface white colonies was determined for each sample and averaged among 6 mice from VEGF<sub>121</sub>/rGel or rGel control group. Mean number per group ± SEM is shown. Numbers in parentheses represent range of colonies in each group.

<sup>d</sup> Frozen sections were prepared from metastatic lungs. Sections were stained with 6w/32 antibody recognizing human tumor cells. Number of intraparenchymal colonies identified by brown color was determined for each cross-section and averaged among 6 samples of individual mice from VEGF<sub>121</sub>/rGel or rGel control group. Mean number per group ± SEM is shown. Numbers in parentheses represent range of colonies in each group.

<sup>e</sup> Area of foci identified by 6w/32 antibody was measured by using Metaview software. Total number of evaluated colonies was 101 and 79 for rGel and VEGF<sub>121</sub>/rGel group, respectively. Six individual slides per each group were analyzed. The mean area of colony in each group  $\pm$  SEM is shown.

<sup>f</sup> The sum of all regions occupied by tumor cells and the total area of each lung cross-section was determined and % of metastatic regions from total was calculated. The values obtained from each slide were averaged among 6 samples from VEGF<sub>121</sub>/rGel or rGel control group. The mean % area occupied by metastases from total area per group  $\pm$  SEM is shown.

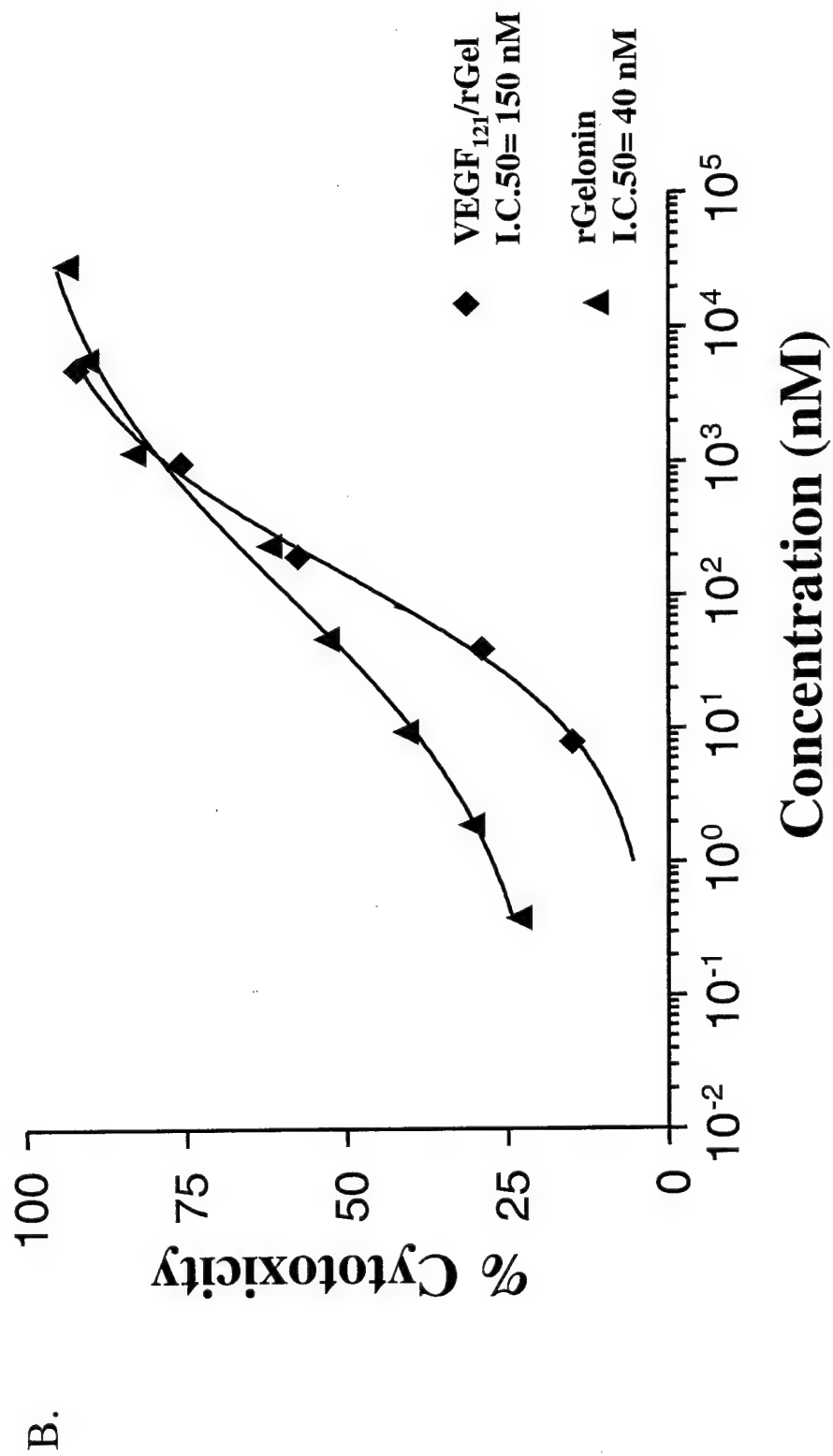
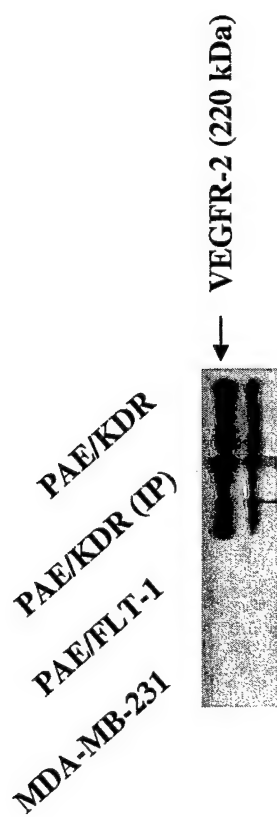
**Table 2.** Effect of VEGF<sub>121</sub>/rGel on vascularity of pulmonary metastases of MDA-MB- 231 human breast carcinoma cells.

Size of colonies			No. vascularized colonies from total analyzed (%) <sup>a</sup>	
Group <sup>b</sup>	Description	Largest diameter range (μm)	rGel	VEGF <sub>121</sub> /rGel
A	Extremely small	<50	7/24 (29%)	3/32 (9.3%)
B	Small	50-200	19/48 (39.5%)	6/24 (25%)
C	Mid-size	200-500	25/30 (83.3%)	8/25 (32%)
D	Large	500-1000	17/17 (100%)	10/11 (90.0%)
E	Extremely large	>1000	8/8 (100%)	N/A
No. vascular foci/ total analyzed (%) <sup>c</sup>			76/127 (59.8%)	27/92 (29.3%)

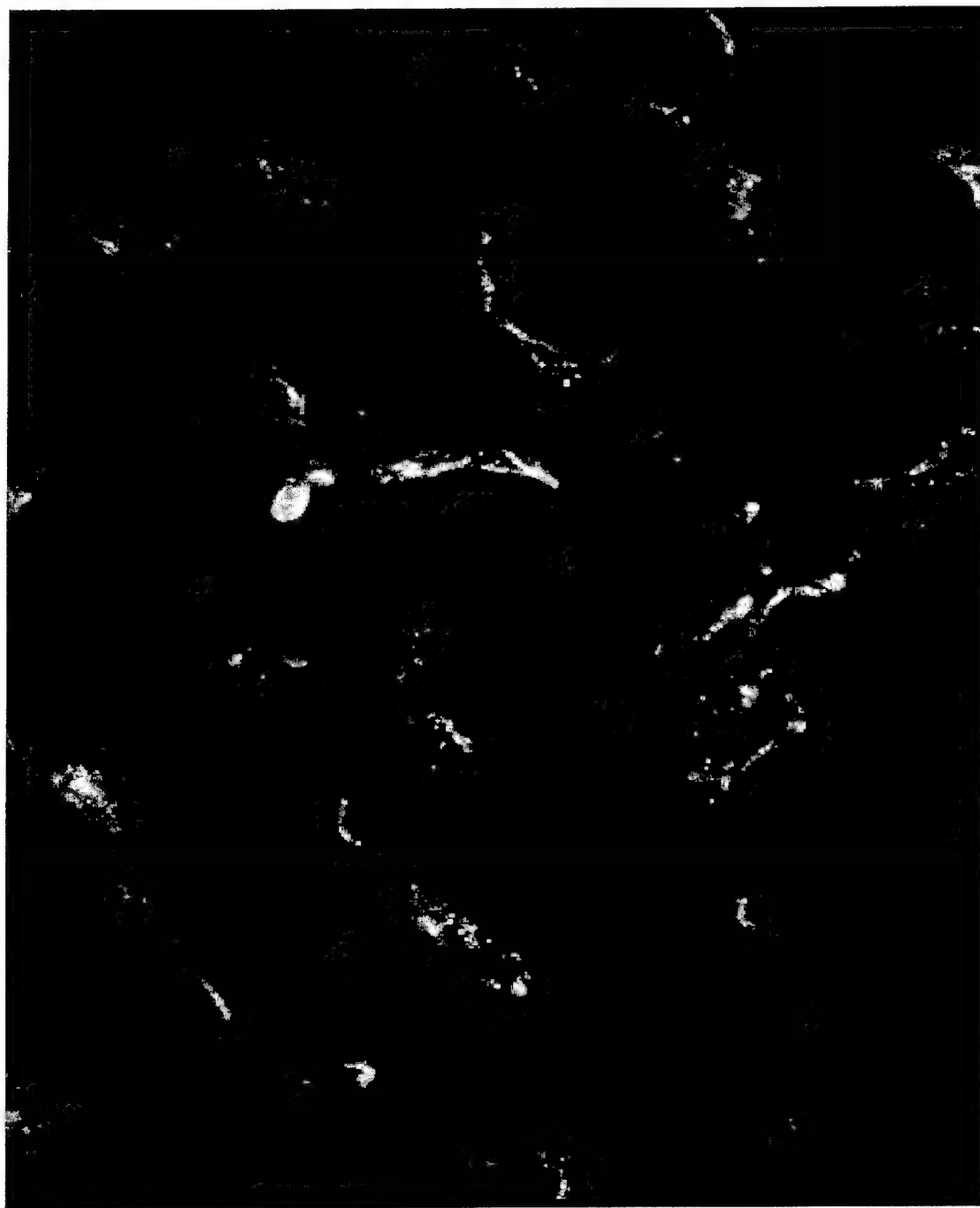
<sup>a</sup> Frozen lung sections from VEGF<sub>121</sub>/rGel and rGel treated mice were stained with MECA 32 antibody. A colony was defined as vascularized if at least one blood vessel branched out from the periphery and reached a center of the lesion. Six slides per each group derived from individual mice were analyzed and data were combined.

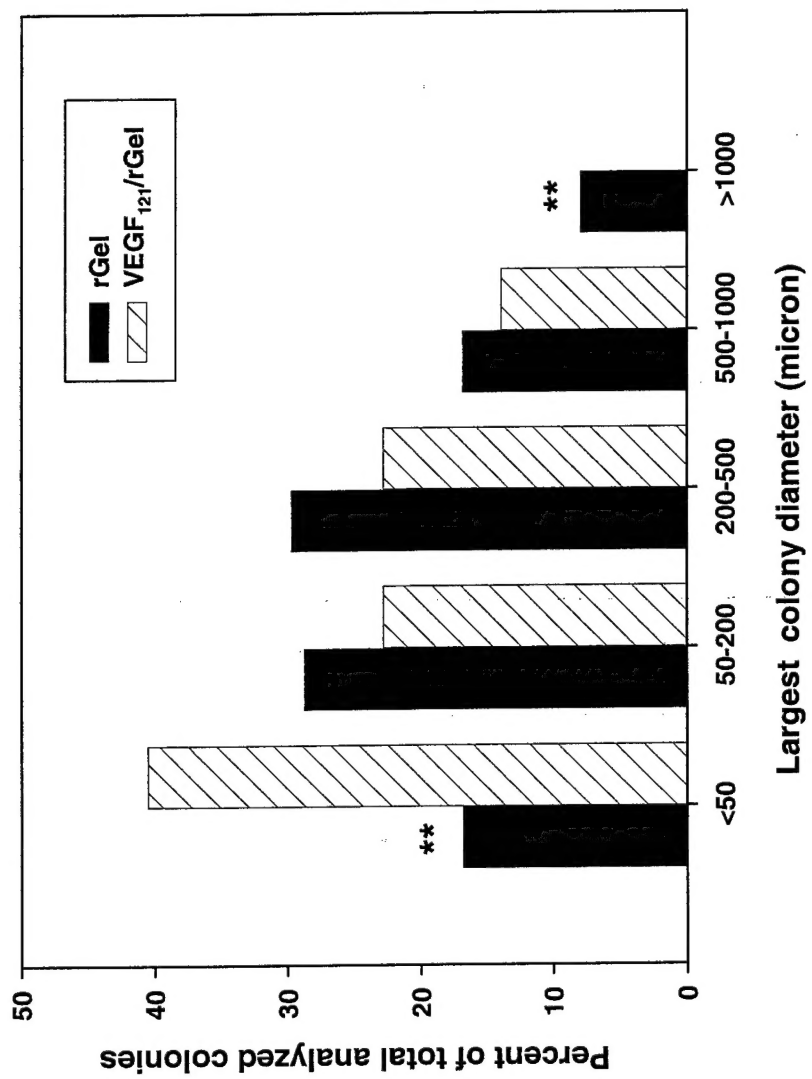
<sup>b</sup> Colonies identified on each slide of a metastatic lung were subdivided into 5 groups (A-E) according to their largest diameter.

<sup>c</sup> Total number of the analyzed colonies was 127 and 92 for rGel and VEGF<sub>121</sub>/rGel treated groups, respectively. Seventy percent of foci in the VEGF<sub>121</sub>/rGel-treated group were avascular whereas only 40% of lesions from the control group did not have vessels within the metastatic foci.



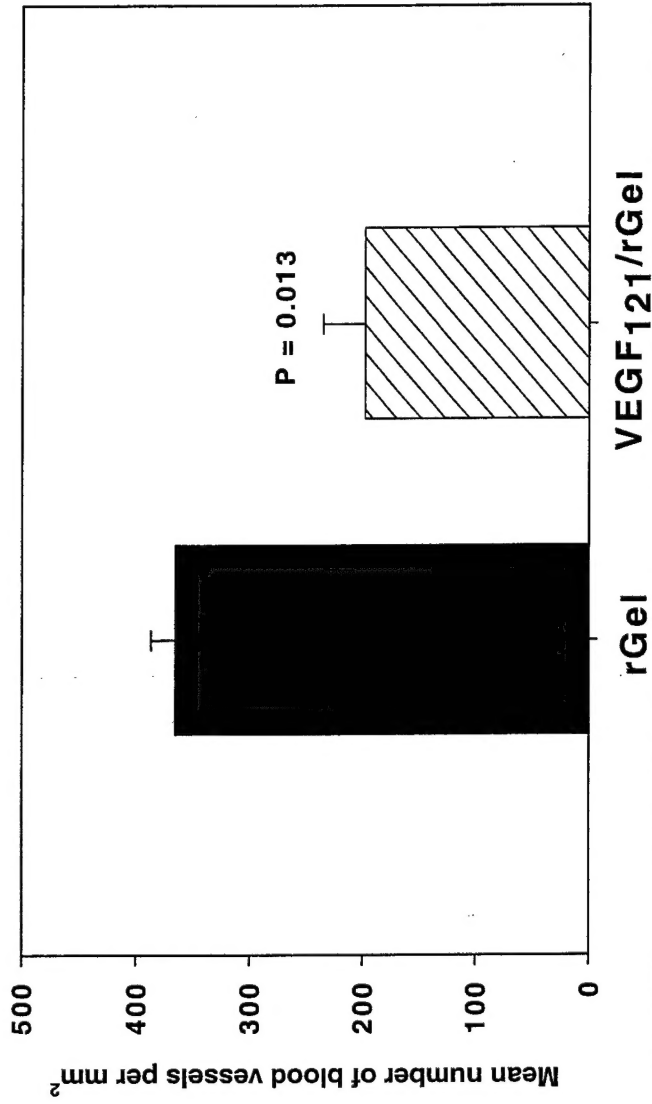




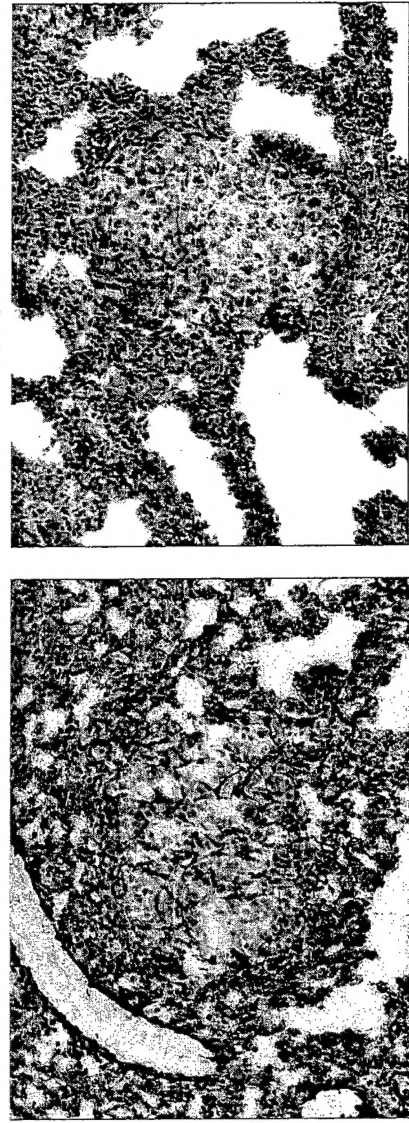


# Effect of VEGF<sub>121</sub>/rGel on vascular density of metastatic foci in lungs

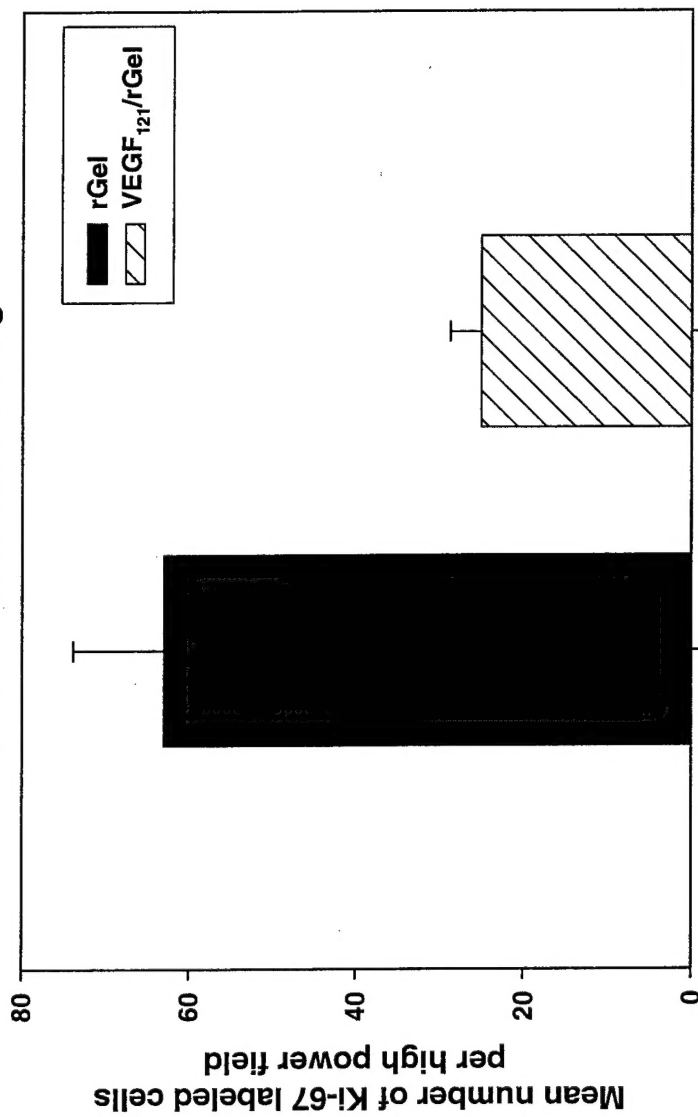
**A**



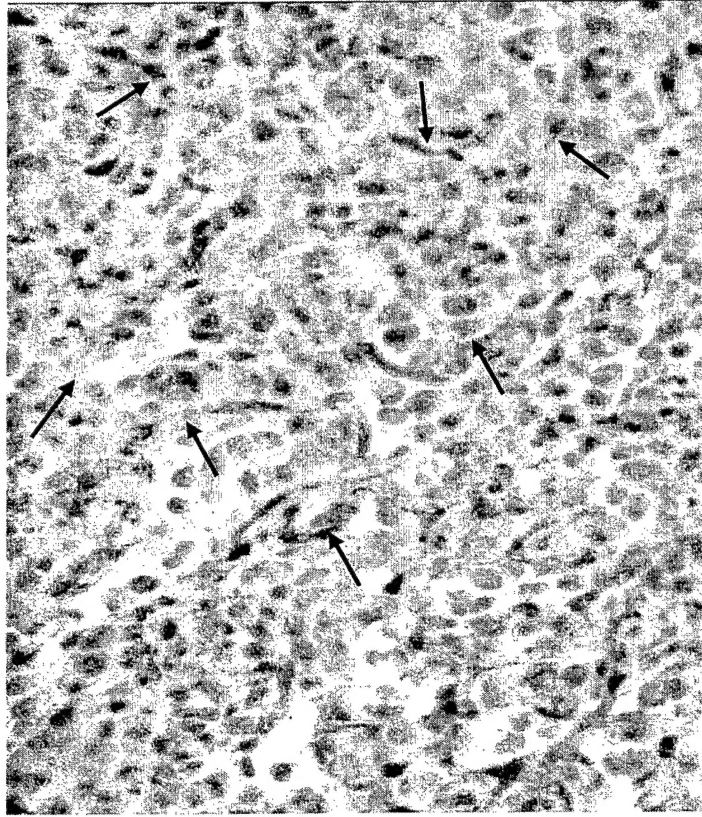
**B**



Effect of VEGF<sub>121</sub>/rGel treatment on proliferation  
of metastatic cells in lungs



**Control**



**VEGF<sub>121</sub>/rGel**

